Report

Impact Assessment of Nestlé Healthy Kids Programme in Patna & Ahmedabad, 2019-21

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1. Introduction

The Nestlé Healthy Kids Programme (NHKP) was initiated with the support of Magic Bus India Foundation in the Year 2014. The objective of the programme was to inform children from disadvantaged communities of the importance of health and nutrition. In the time between December, 2019 and March, 2021, the programme covered 20,000 adolescents across communities in Ahmedabad and Patna. The programme activities focused on leveraging an activity-based curriculum to impart education, health and socio-emotional learning (with cross cutting themes on gender and right to play), through inputs on building and developing Core Skills (Teamwork, Communication, Learning to Learn, Managing Self and Problem Solving). The programme further engaged 4,000 parents to ensure the health, hygiene, physical activity, nutrition and gender non-discrimination practices are continued at home.

In October 2022, Samhita Social Ventures carried out an Impact Assessment of the programme in the aforementioned period to gauge the levels of outcome and impact indicators in the engaged children after the ending of the programme activities.

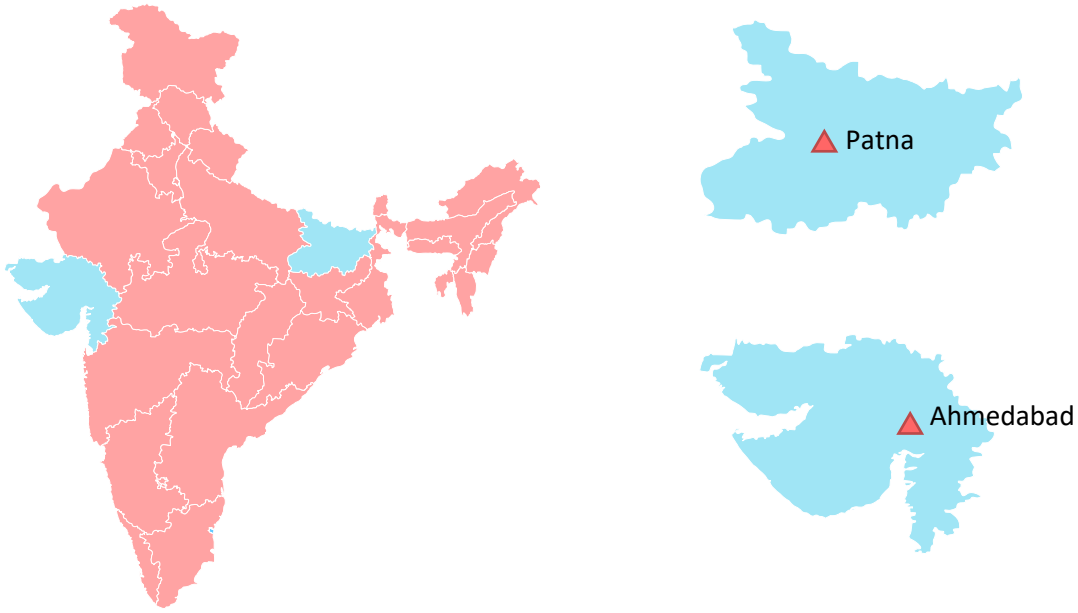


Figure 1: Location of the programme

2. Programme Logframe

Outcome Matrix – 2022-24			
Sr. No	**Narrative**	**Measurement Indicators**	**Risks/ Assumptions**
1	**Goal/Objective**		
	Improved hygiene and nutrition practices	- % of adolescents and parents with improved hygiene and nutrition practices - % of adolescent and families aware and access several health schemes/benefits offered by government	N/A
2A	**Outcomes**		
Section A: Adolescents			
2A.1	Improved educational awareness	- % of adolescents attending school regularly - % of adolescents aware of benefits of completing school - % of adolescents who actively participate in class - % of adolescents who aspire for higher education	School closure due to Covid-19 restriction Family economic situation.
2A.2	Adolescents with improved nutrition awareness	- % of adolescents aware of benefits/functions of food - % of adolescents aware of food which provide energy, growth and immunity - % of adolescents aware of symptoms and food sources of Vitamin A, B12, C, Calcium and Potassium	Diversified food is available locally
2A.3	Adolescents with improved awareness on diseases (Diarrhoea) prevention	- % of adolescents aware of symptoms and prevention of diarrhoea - % of adolescents aware of properties of pure water - % of adolescents aware of health services providers available in their community	Community based health services are available and accessible
2A.4	Adolescents with improved awareness on Anaemia	- % of adolescents aware of causes, symptoms and prevention of anaemia - % of adolescents aware of source of IFA tablets available to them - % of adolescents consume IFA tablets that they receive	IFA tablets are available and accessible to adolescents
2A.5	Adolescents with improved personal hygiene behaviour	- % of adolescents who brush and bathe regularly - % of adolescents wash hands with soap before eating	
		- % of adolescents wash hands with soap after defecation - % of adolescents using toilet for defecation	
2A.6	Adolescents with Improved Physical Activity	- % of adolescents aware of benefits of playing - % of adolescents playing regularly for at least one hour	Play spaces are accessible to adolescents in the community Covid restrictions in open public spaces

		- % of adolescents playing regularly in MB sessions	
2A.7	Adolescents with improved gender attitude and perception	- % of girl adolescents playing in MB session - % of adolescents recognize that girls and boys should have equal access to play, education and nutrition - % of adolescents with positive gender attitude and perception	Covid restrictions in open public spaces
2A.8	Adolescents with improved awareness on Waste Management	- % of adolescents aware of different types of waste - % of adolescents correctly relate different types of waste and their respective dumping bins.	
Section B: Parents			
2B.1	Improved parents support to education	- % of parents aware of the benefits of completing school - % of parents aware of and willing to support their child's educational aspiration	
2B.2	Parents with improved nutrition awareness	- % of parents aware of benefits/functions of food - % of parents aware of food which provide energy, growth and immunity	Different foods are locally available and purchasable to community
2B.3	Parents with improved awareness on macronutrient	- % of parents aware of symptoms and food sources of Vitamin A - % of parents aware of symptoms of iodine deficiency and its prevention - % of parents aware of symptoms of Vitamin C and D deficiency and its prevention	
2B.4	Parents with improved awareness on Anaemia	- % of parents aware of causes, symptoms and prevention of anaemia/iron deficiency - % of parents aware of source of IFA tablets available to them	IFA tablets are available and accessible
2B.5	Improved awareness on disease (Diarrhoea) prevention and health functionaries	- % of parents aware of properties of water - % of households with access to safe drinking water facility - % of households aware of water treatment/purification at household level - % of households using toilets for defecation - % parents aware of symptoms and prevention of diarrhoea	
2B.6	Parents with improved gender attitude and perception	- % of parents recognize that girls and boys should have equal access to play, education and nutrition - % of parents with positive gender attitude and perception	
2B.7	Parents with Improved awareness on waste management	- % of parents aware of different types of waste - % of parents correctly relate different types of waste and their respective dumping bins color - % of parents aware of different ways of managing household waste	

3	**Outputs**		
3.1	Sessions conducted with adolescents	- # of adolescents enrolled in the program - % of girl adolescents enrolled in the program - # of MB sessions conducted with adolescents - % of adolescents' attendance in MB Sessions - % of adolescents attending sessions regularly	Schools provide adequate time for sessions. Adolescents stay in the program or dropouts during pandemic Covid restrictions in schools and communities
3.2	Sessions conducted with parents	- # of parents enrolled for direct intervention - # of MB sessions conducted with parents - % of parents attendance in MB sessions - % of parents attending session regularly	Covid restriction in communities and subsequent loss of livelihood
3.3	Community connect established for supportive environment	- # of home visits conducted - # of community events and tournaments conducted - # of specific hallmark days celebrated - # of meetings with govt. officials	Community members (parents and other stakeholders) participate in the program Location specific pandemic restrictions
	Recruitment and training	- # of staffs and volunteers recruited - % of staffs trained - % of volunteers trained	
4	**Activities**		
4.1	*Recruitment and training of staff and volunteers*		
4.2	*Conducting MB sessions among children and parents*		
4.3	*Conducting meetings with community stakeholders*		
4.4	*Conducting home visits with irregular children*		
4.5	*Conducting community events (rally, competition etc.) and tournaments*		
4.6	*Celebration of relevant hallmark days*		
4.7	*Conducting meetings with govt. officials*		
4.8	*Conducting meetings with teachers*		

Table 1: Logframe of the NHKP

3. Impact Assessment: Approach and methodology

The present impact assessment of the NHKP was undertaken to assess the intervention's outcomes and impact on the student cohort engaged through the scholarship in the years 2019-21.

3.1 Research objectives

The overall aim of Samhita's approach to the impact assessment is:

Impact assessment objectives

1. To assess the efficiency of the initiative implementation in achieving the desired initiative outputs, inclusion of emergent best practices, and areas of concern in initiative implementation
2. To evaluate the effectiveness of the initiative in achieving planned initiative outcomes and impacts vis-à-vis the programme logframe
3. To gauge the impact of the program on the lives of the primary stakeholders and their communities

3.2 Methodology

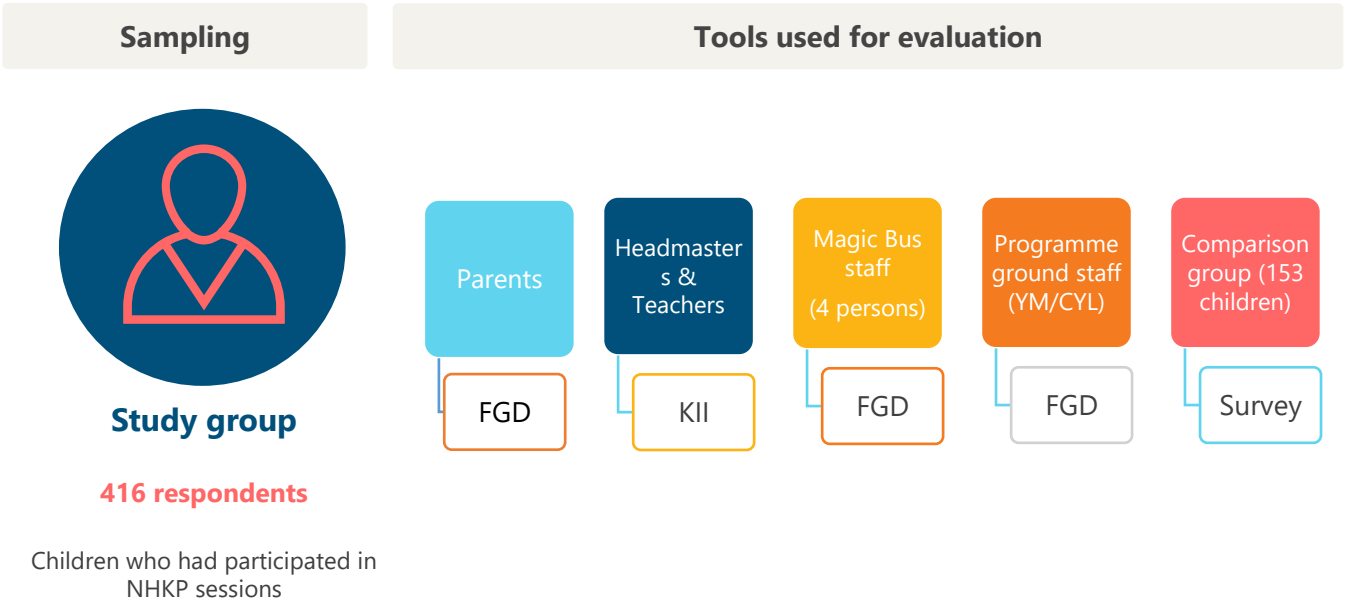
The study adopted a mixed methodology approach to collect primary and secondary data, as detailed in the table below, using qualitative and quantitative methods. Primary data was collected through in-person, individual surveys with the children and interactions with secondary stakeholders of the programme, as detailed in the sections below. Tools employed for primary data collection have been included in a separate document provided with this report. Secondary data on programme-related aspects was gathered through existing programme data and publicly available literature on relevant domain areas.

3.3 Sampling

Purposive sampling was used to select blocks from the two locations (Ahmedabad and Patna) where students from the NHKP batch of 2019-21 were surveyed, along with non-NHKP children from similar age groups and demographic backgrounds.

In addition to the children who had been part of the NHKP, a comparison group was constituted with the help of Magic Bus at the programme locations. These children were selected on the basis of similar demographics as the treatment group and did not receive the intervention, thus enabling us to analyse the differences between the groups on the outcome indicators of the

programme. This has also allowed us to draw a causal link of any changes found in the treatment group. It must be noted, however, since the comparison group selection was facilitated by Magic Bus, Samhita did not have any control over the internal make up of the group, in terms of differences in the gender ratio, religion or caste representation and income background. However, since the demographic background of the two is the same, it is assumed that these would be similar to a degree causing no dissonance in the comparative analysis.



3.4 Research tools

The study used the following research tools to reach a sample of key stakeholders of the program.

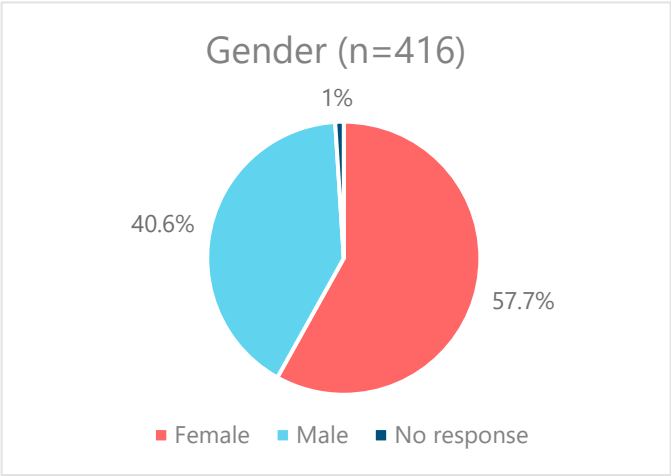
- **Surveys with children:** Quantitative surveys were created based on a review of the baseline report of the programme as well as discussions with the Magic Bus team on the contents of the sessions. These were administered to a sample of children from the 2019-21 NHKP batch as well as a comparison group from Ahmedabad and Patna. Magic Bus helped Samhita identify the latter. The purpose was to gather demographic particulars, and chart changes in program-specific indicators. The indicators tracked for impact had been divided into categories corresponding to the broad objectives of the program, such as food and nutrition, educational awareness, physical activity, waste management and gender perception. Within these, data on several sub-indicators relating to knowledge, perception, attitudes and practice were recorded.
- **Key Informant Interviews (KII):** In-depth interviews were conducted with school personnel in locations where the school was the site of the sessions.

- **Focus Group Discussions (FGDs):** FGDs were conducted with chief stakeholder groups such as the program team from Magic Bus, parents, and community mobilisers (community youth leaders or CYLs).

4. Profile of the respondents

The below sections explain the demographic details of the respondents of the survey.

4.1 Gender

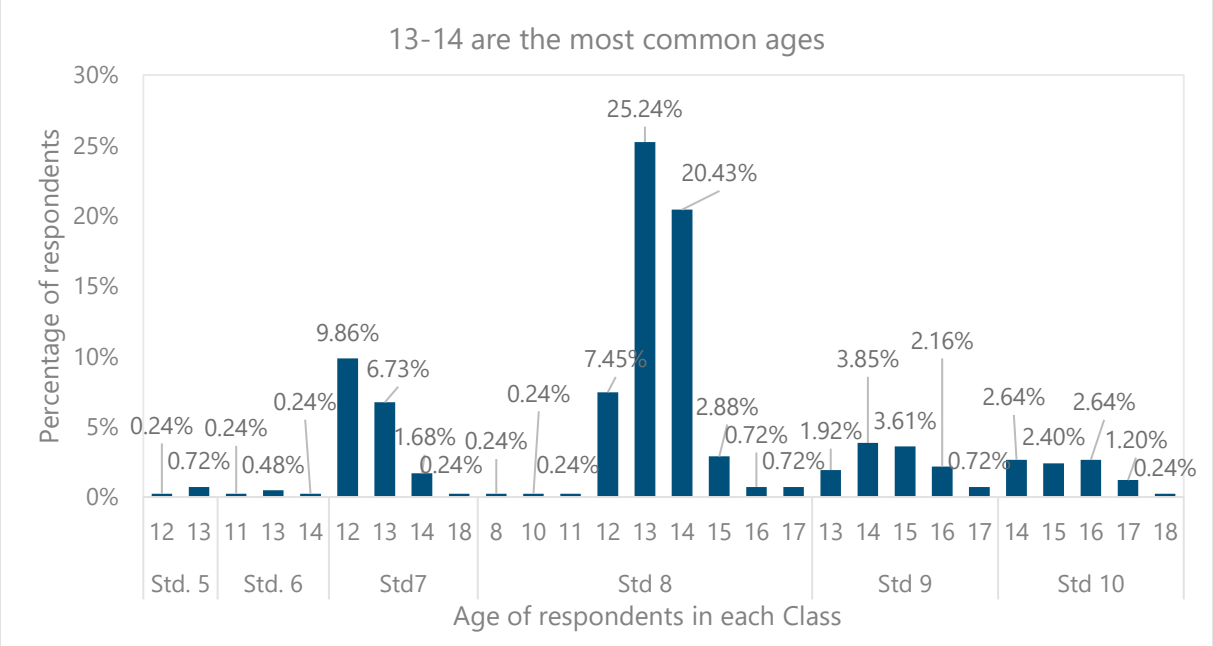


Graph 1: Distribution of gender

The comparison group had 42.5% girls and the rest were boys.

4.2 Age & Class

Most of the treatment group students were found to be in age-appropriate classes, though some incidence of older children being in classes was noted. The biggest group of the cohort were aged 14-15 and in Class 8 at the time of the assessment.



Graph 2: Age and class distribution of the treatment group respondents

5. Efficiency indicators

- **Highly efficient process**
- **Satisfactory process**
- **Process that needs improvement**

5.1 Engagement of ground personnel

Three levels of ground personnel were identified and interviewed for the purpose of this assessment – community youth leaders (CYLs), youth mentors (YMs), and training and monitoring officers (TMOs). The YMs are the staff members who directly interface with the children on a regular basis and conduct the sessions as part of the programme. They report to TMOs and are also promoted to CYLs based on their work and career aspirations. All staff persons were found to be qualified for the work they do either by means of past qualification, work or interest areas. The personnel also reported receiving training on Magic Bus as an organisation as a whole and specifically with regards to the NHKP programme and their roles and responsibilities within it. YMs were also found to be resident in the larger vicinity of the programme locations, thus ensuring existing local knowledge. All of them confirmed the reporting structure along with the incidence of regular reporting and data collection from the primary stakeholders throughout the course of the programme. However, it was noted that this information is not necessarily recorded as individual report cards or data banks where each child's progress could be charted. Overall, they reported being satisfied with the processes of the programme and also confirmed its positive impact on the children and the community.

> *"I did 2-3 months of volunteering in which I was taught about how it is important that the kids understand me and I understand the kid as well. I was also taught about the Vision and Mission of Magic Bus"*
>
> **– Youth Mentor, Male**

5.2 Mobilisation Process

For the purpose of this assessment, Samhita conducted FGDs and KIIs with parents of the children engaged in the programme, especially those who themselves were engaged in the programme through parent sessions, as well as staff of the schools where the programme sessions are held. All aforementioned stakeholders were well aware of Magic Bus, the nutrition programme and were able to verify participating in activities as part of the programme. Additionally, they all reported being satisfied in the way they were approached to be a part of the programme, stating that they were first approached by Magic Bus staff who informed them about the programme and its expected benefits. Further, through attending or monitoring the sessions, they were able to see for themselves the positive impact of the programme and there was a general consensus that the sessions were very helpful. Some respondents also noted that awareness of the content of the programme was not available earlier and that many schools did not have a focus on physical activities before and they welcomed the same being instituted through the programme. It was also noted that bringing these stakeholders into the fold of the programme provided greater incentivisation for children to be engaged and regularly attend the programme sessions.

> *"We go for the Magic Bus sessions once every month, while our children go about 4 times a month. These sessions helped us receive information about food habits, such as the importance of eating green vegetables and how food from outside is bad for one's health and hence, we should cook food at home."*
>
> **– Mother**

5.3 Training Sessions

Both mothers and children reported attending Magic Bus sessions. Most children we interacted with through focus group discussions attended 3-4 sessions a month, while for the mothers the numbers varied from 1-4 sessions a month. All participants reported that the sessions had introduced them to concepts they had hitherto been unaware of such as healthy foods, basic water hygiene and sanitation practices, and some diseases (anaemia, diarrohea). The children reported that they play games during sessions. A few that were mentioned include football, cricket, kho-kho, in-and-out, tota pinjra and the letter game. These activities have helped them in

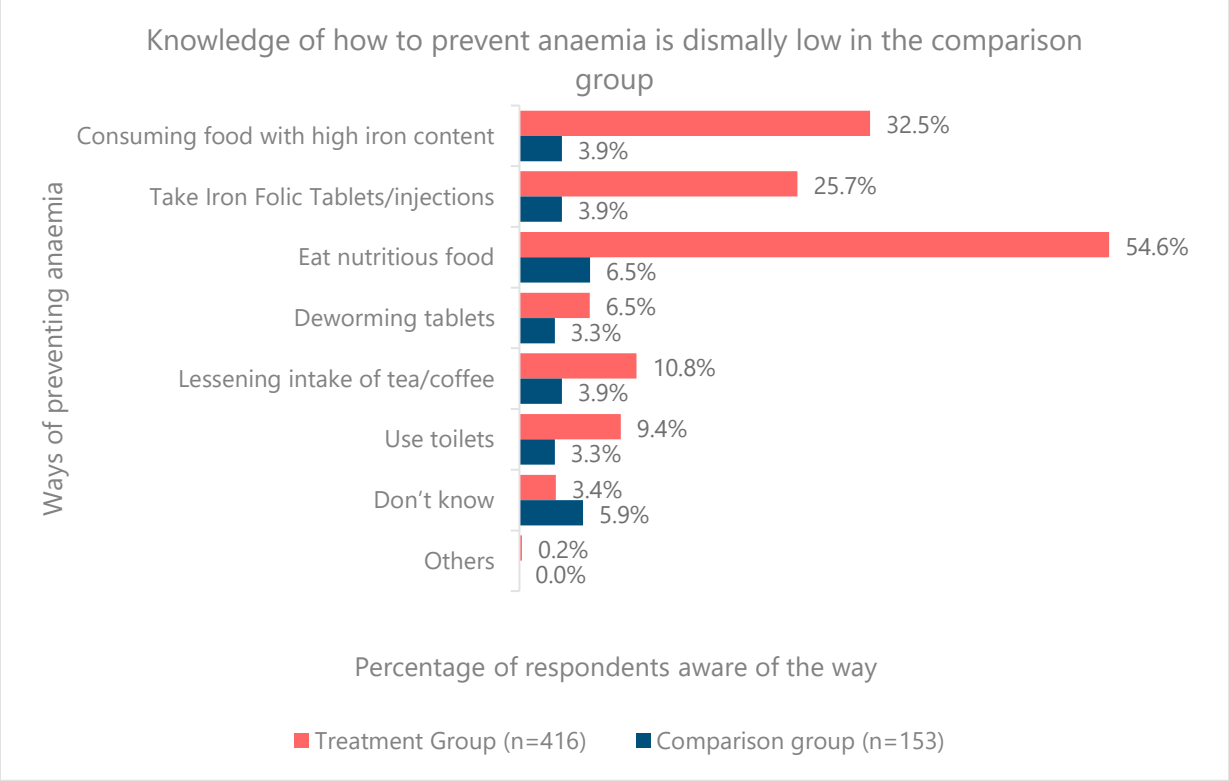
terms of both their physical and mental well-being, as reported by them. Most children reported knowledge of the various aspects that the programme purports to cover in its sessions such as nutrition, benefits of physical activity, importance of school education, and waste management.

6. Effectiveness indicators

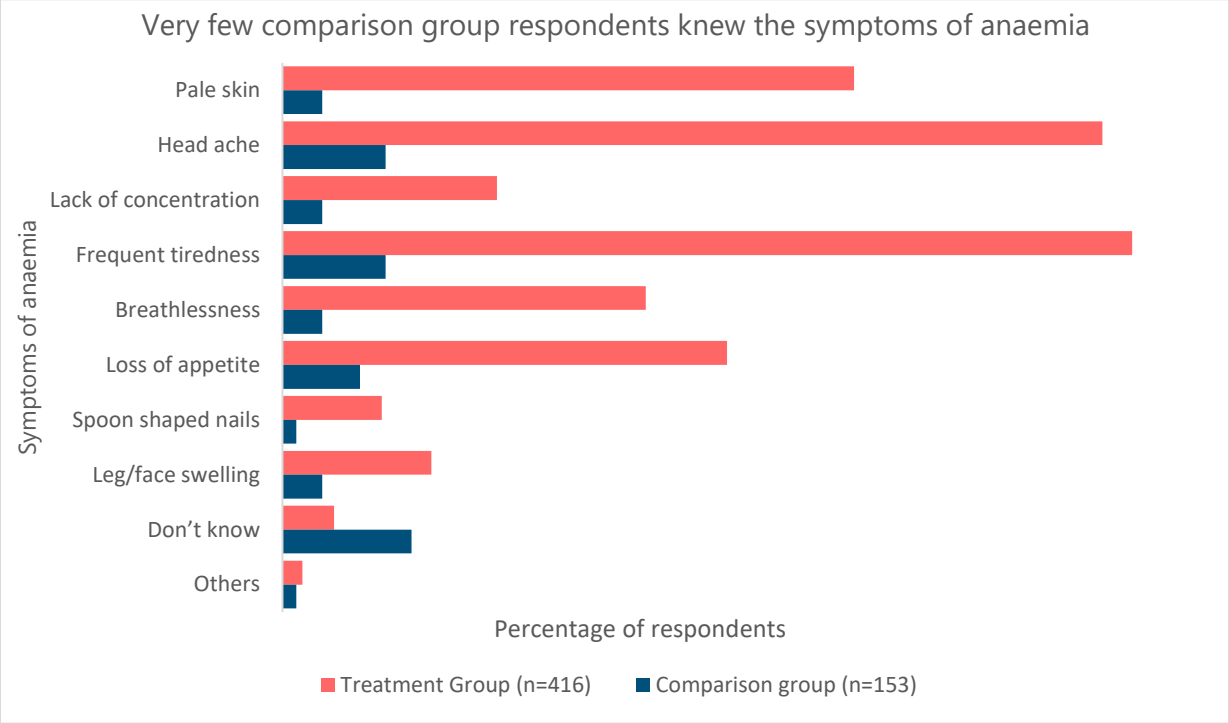
6.1 Impact on food and nutritional behaviour

6.1.1 Knowledge of Anaemia

While 91.3% of the treatment group respondents were aware of anaemia, only 28.1% of the comparison group respondents knew about it. The following graphs present the information they had on the symptoms and ways of preventing anaemia.



Graph 3: Knowledge of anaemia prevention in survey respondents



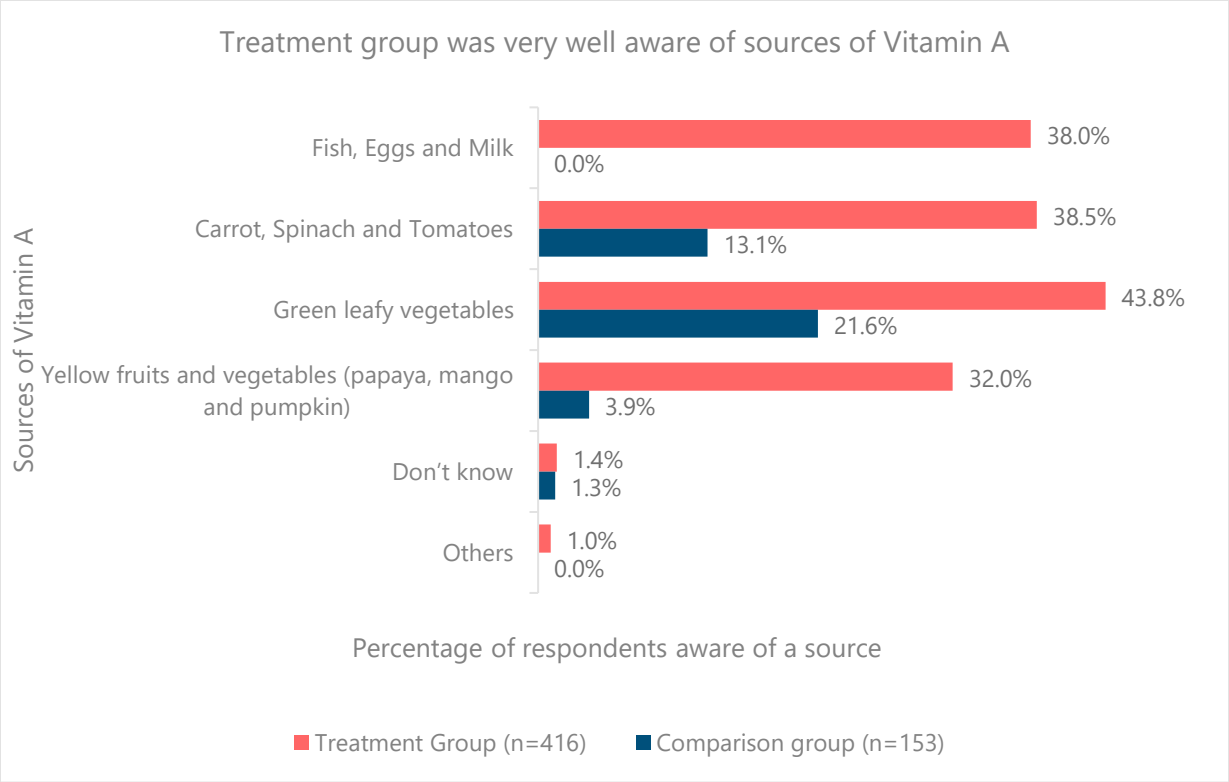
Graph 4: Knowledge of anaemia symptoms in survey respondents

It must be noted that 87% of the treatment group respondents noted that they were informed about anaemia by the Magic Bus staff, including youth mentors.

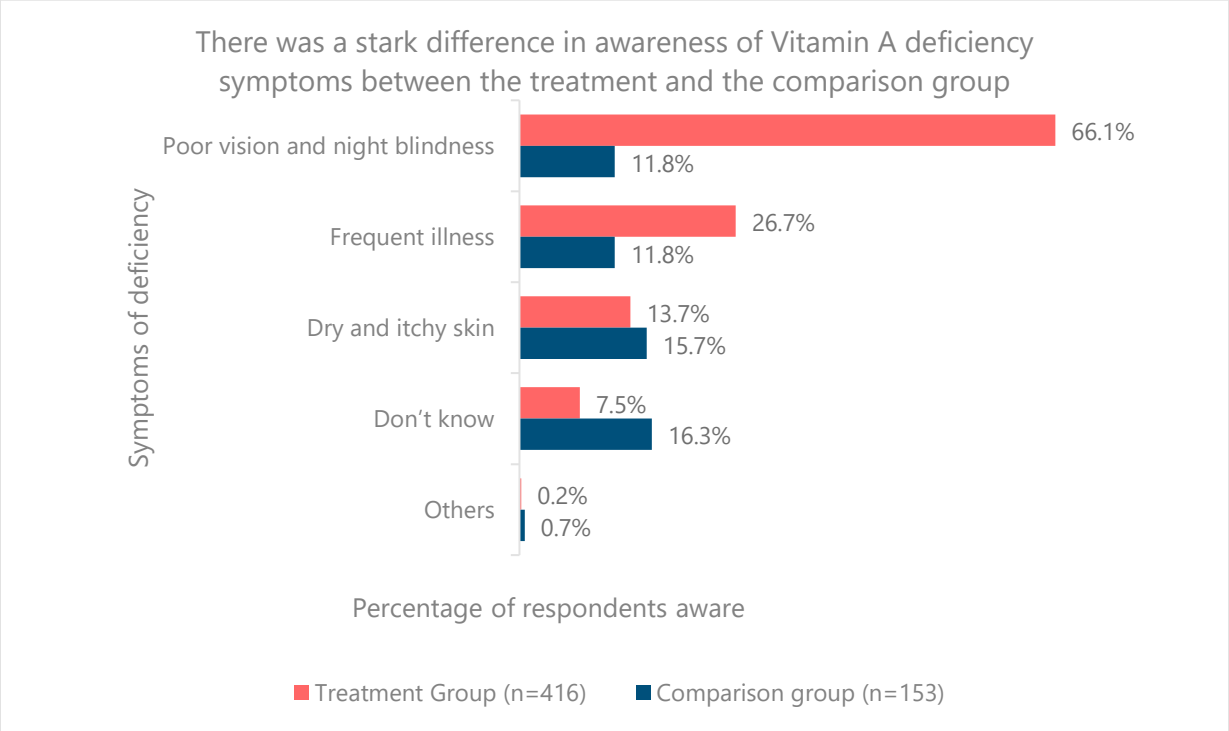
Additionally, 49% respondents from the treatment group had consumed IFA tablets while only 11.8% of the comparison group had done so.

6.1.2 Knowledge of Vitamin A

The knowledge of Vitamin A was also significantly higher in the treatment group, with 96.4% of the respondent children being aware of it. In contrast, only 55.6% of the comparison group respondents knew about Vitamin A. The graphs below highlight the knowledge of the sources of Vitamin A and symptoms of its deficiency amongst the respondents of both groups.



Graph 5: Knowledge of Vitamin A sources in survey respondents



Graph 6: Knowledge of Vitamin A deficiency symptoms in survey respondents

6.1.3 Knowledge of food

In terms of knowledge of the functions of food in general, and specific foods and their benefits, the treatment group reported much higher percentages that the comparison group. A tabulation of all responses to food knowledge-related questions is presented in the table below. Further, children from the treatment group were able to verify that they were taught these facts during NHKP sessions.

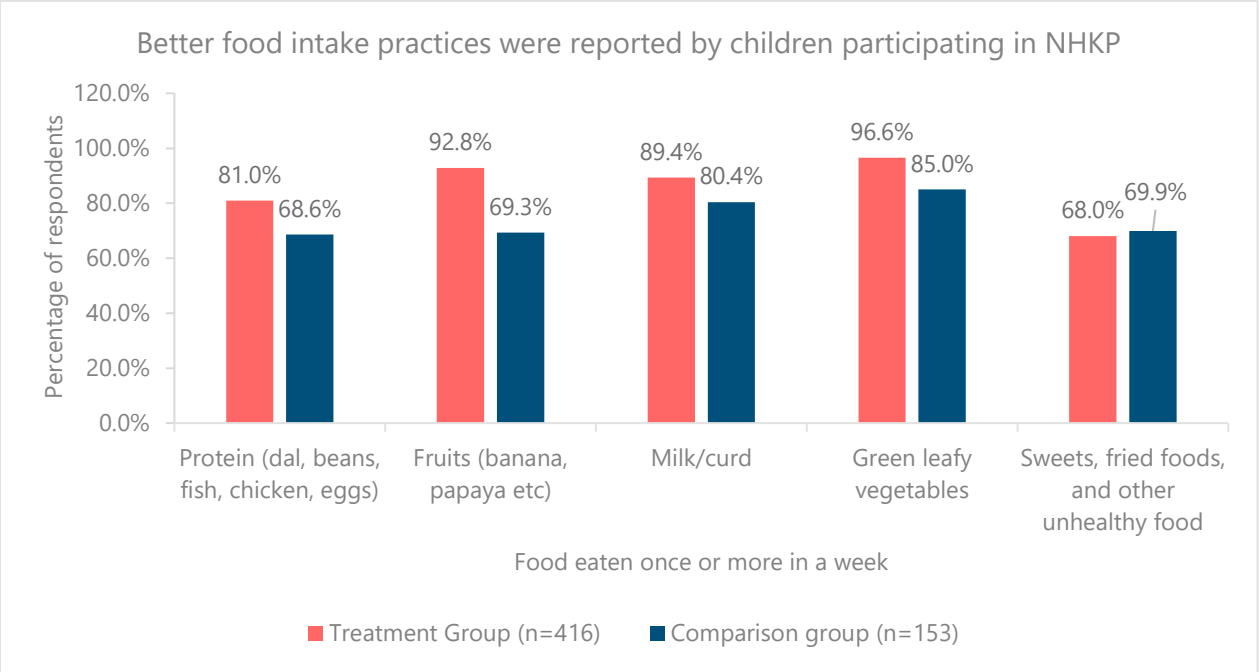
Food awareness responses		Treatment Group	Comparison Group
1.	**What are some of the functions of food?**		
a)	Food provides energy to do work	57%	29%
b)	Food helps in growth, maintenance and repair of body tissues	36%	25%
c)	Food regulates body functions and provide immunity/protection from disease	56%	27%
d)	Don't Know	4%	27%
e)	Others	1%	1%
2.	**Could you please tell the names of food which provides us energy for all physical activities?**		
a)	Cereals	81%	66%
b)	Root vegetables	51%	28%
c)	Fat/Oils	13%	5%
d)	Don't Know	1%	12%
e)	Others	0%	0%
3.	**Could you please tell the names of food which helps in growth, maintenance and repair of tissues?**		
a)	Milk and milk products	55%	34%
b)	Meat, fish and eggs	42%	9%
c)	Pulses	45%	36%
d)	Other protein rich foods	33%	18%
e)	Don't Know	2%	21%
f)	Others	0%	0%
4.	**Could you please tell the names of food which helps in building body immunity and offer protection against disease?**		
a)	Fruits	62%	47%
b)	Green, leafy vegetables	77%	43%

c)	Mineral and Vitamin rich foods	38%	15%
d)	Don't Know	2%	15%
e)	Others	1%	0%
5.	**Could you please tell the names of the nutritious food which helps in building healthy tooth and bone formation?**		
a)	Milk and cheese	68%	39%
b)	Fish	23%	12%
c)	Cereals and Pulses	52%	32%
d)	Green, leafy vegetables	48%	24%
e)	Don't Know	2%	19%
f)	Others	0%	1%
6.	**Could you please tell the names of the nutritious food which helps in regulating thyroid gland?**		
a)	Iodised salt	84%	50%
b)	Sea fish	31%	19%
c)	Don't Know	8%	34%
d)	Others	0%	0%

Table 2: Food awareness among the respondents

6.1.4 Food intake practices

In terms of food intake patterns, the number of meals consumed by the treatment and comparison group respondents was quite similar, with 94.2% and 92.2%, respectively, consuming two or more meals a day. The graph below presents the percentage of respondents from both cohorts who consume various kinds of food once or more each week.



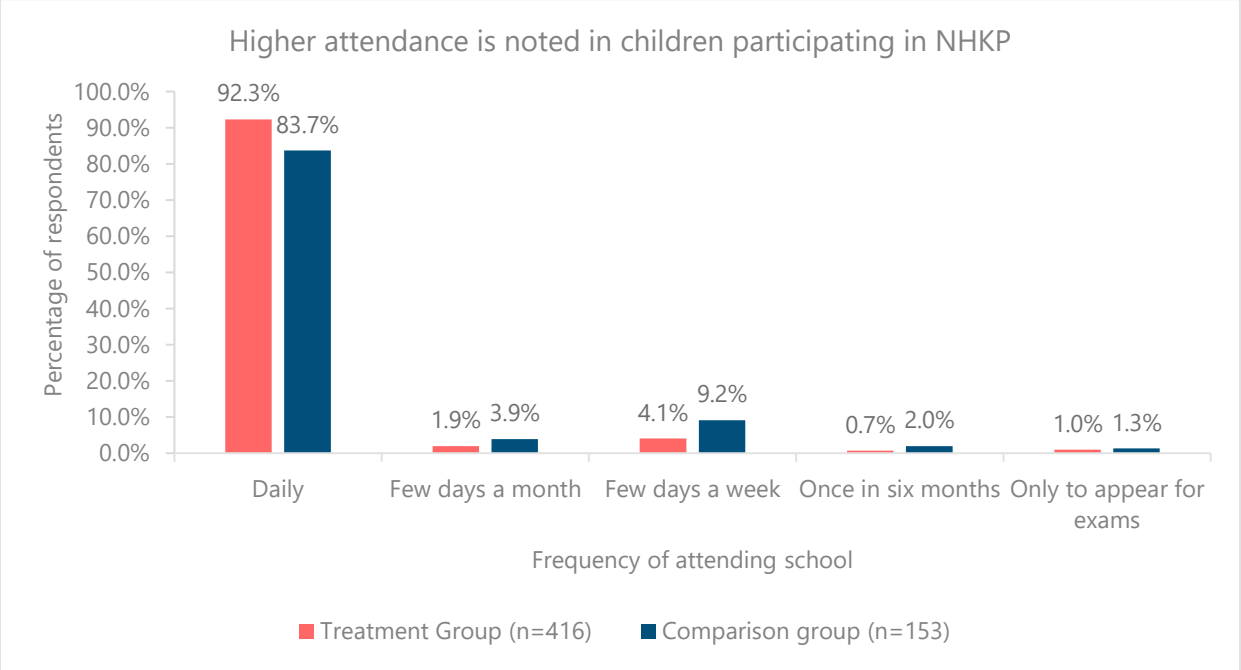
Graph 7: Weekly food intake patterns among the respondents

As can be seen, the regular consumption of healthy foods is notably higher in the treatment group while the regular consumption of low-nutrition food is marginally lower.

6.2 Impact on Education

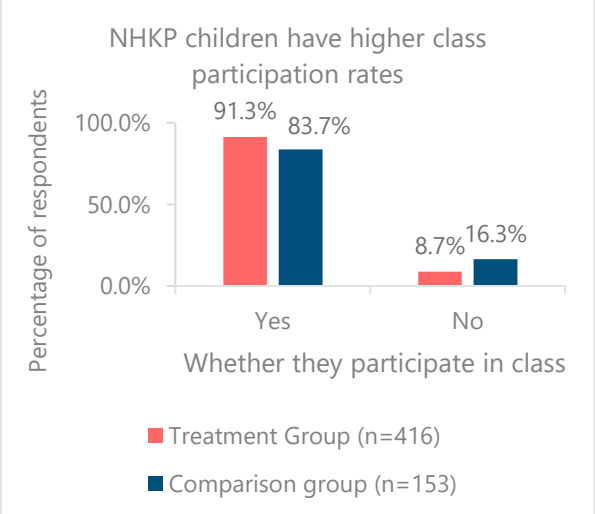
6.2.1 Increased knowledge-seeking behaviour

A large majority of both the cohorts attend school regularly, though daily attendance is higher in the treatment group, as shown below.

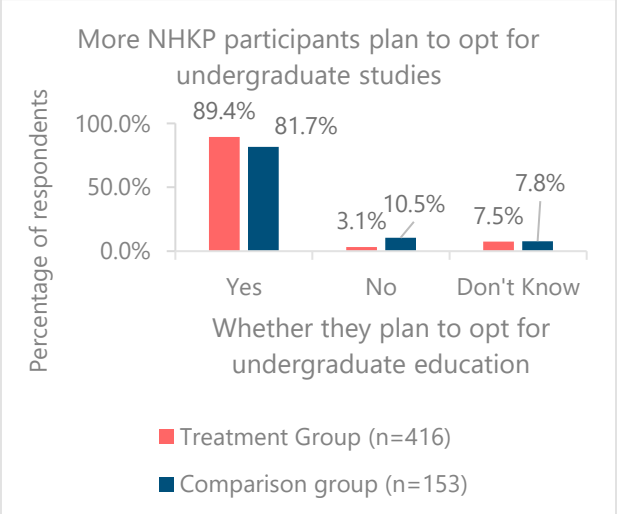


Graph 8: Respondents' frequency of attending school

In terms of participation in class, too, the treatment group respondents reported a higher rate than the comparison group. The same is true for respondents' desire to opt for undergraduate studies after completing schooling till Class 12.



Graph 10: Respondents participation in school classes

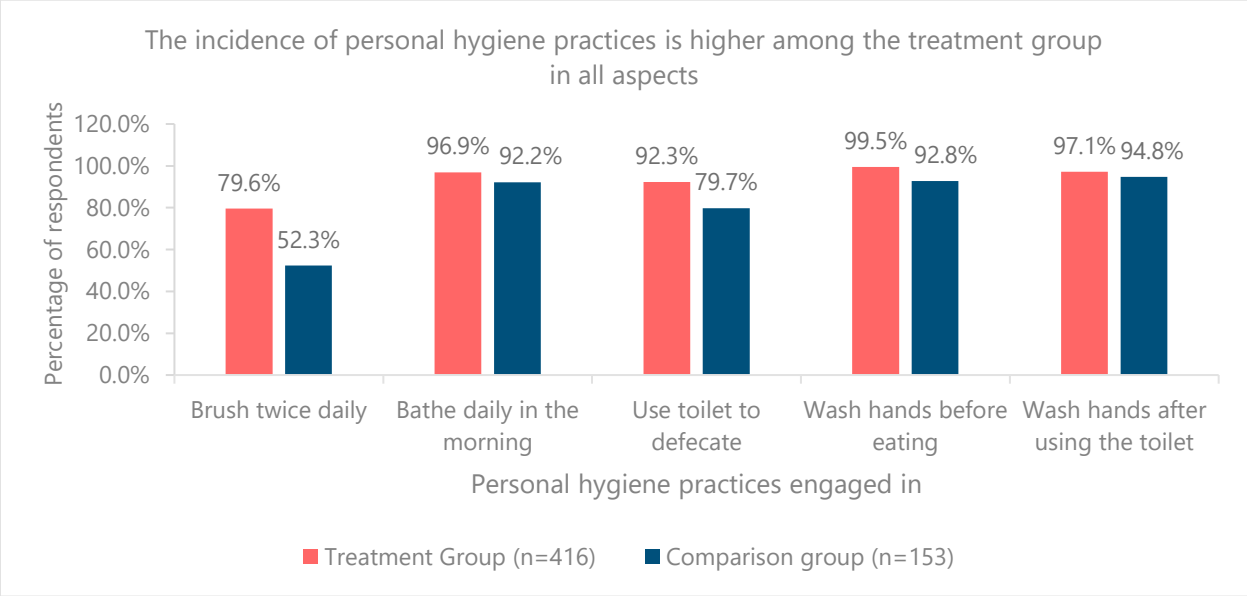


Graph 9: Respondents' desire to opt for undergraduate studies

6.3 Impact on Hygiene

6.3.1 Improved personal hygiene practices

A higher incidence of brushing twice and toilet use can be noted in the treatment group. However, the difference is marginal in terms of washing hands and bathing, which may be attributed to the greater public health communication focusing on the same due to the advent of COVID-19.

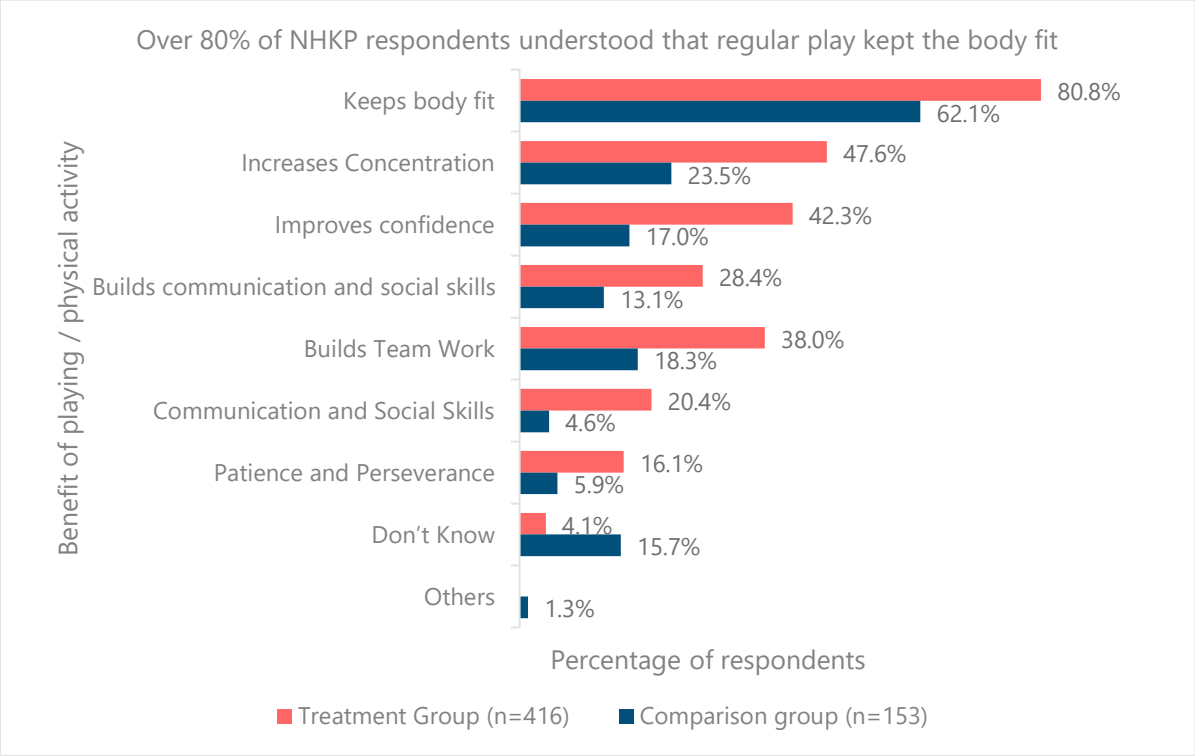


Graph 11: Personal hygiene practices among the respondents

6.4 Impact on Physical Activty

6.4.1 Increased knowledge of the benefits of physical activity

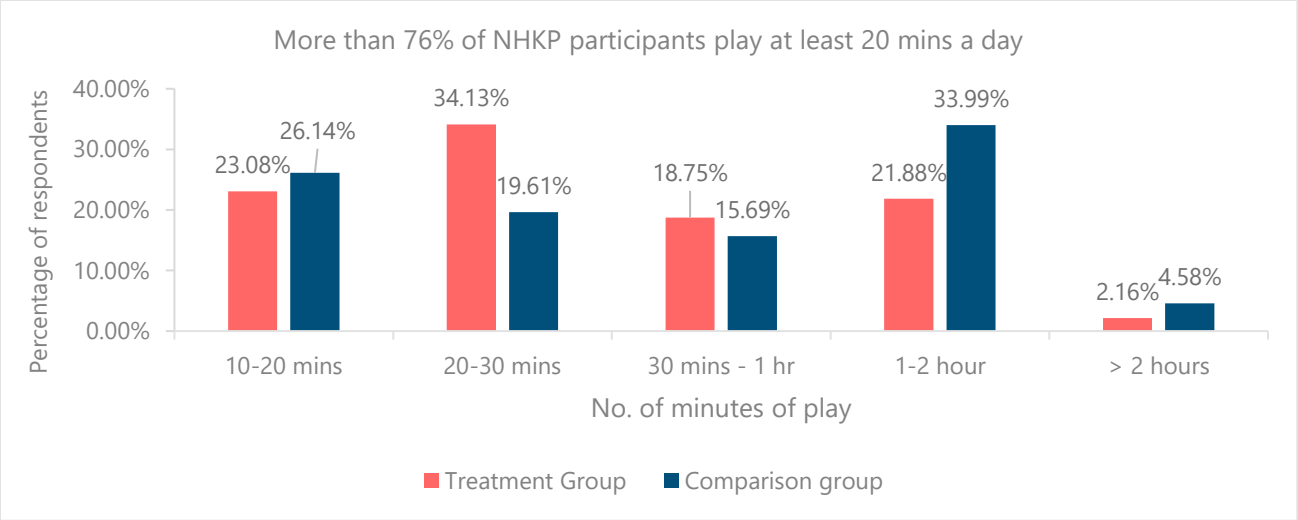
A much higher percentage of treatment group respondents were aware of the benefits of play or physical activities, as can be seen below.



Graph 12: Knowledge of benefits of playing among the respondents

6.4.2 Adequate physical activity

94.7% respondents from the NHKP reported playing every day as opposed to 81.7% respondents from the comparison group. However, it may be noted that, when asked about the minutes of play they engage in daily, a majority of the treatment group reported playing between 20-60 minutes a day, whereas over 33% of the comparison group reported playing for over an hour. While this does not indicate any kind of negative trend, it may correlate to the programme staff's communication stating that 30 minutes of play per day is adequate. It may be noted that this communication is not a part of the programme content or curriculum but is the response offered when a participant enquires about the adequate time for physical activity in a day.

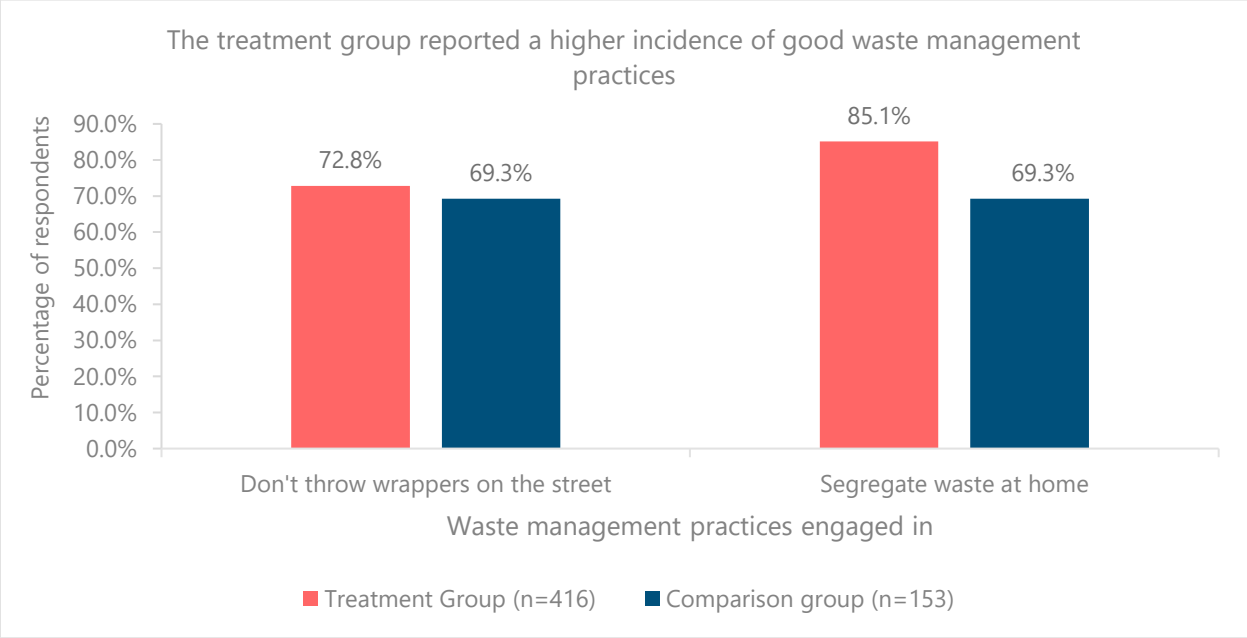


Graph 13: Play patterns among the respondents

6.5 Impact on waste management

6.5.1 Improved waste management practices

A higher number of treatment group respondents engaged in positive waste management practices, as shown below.



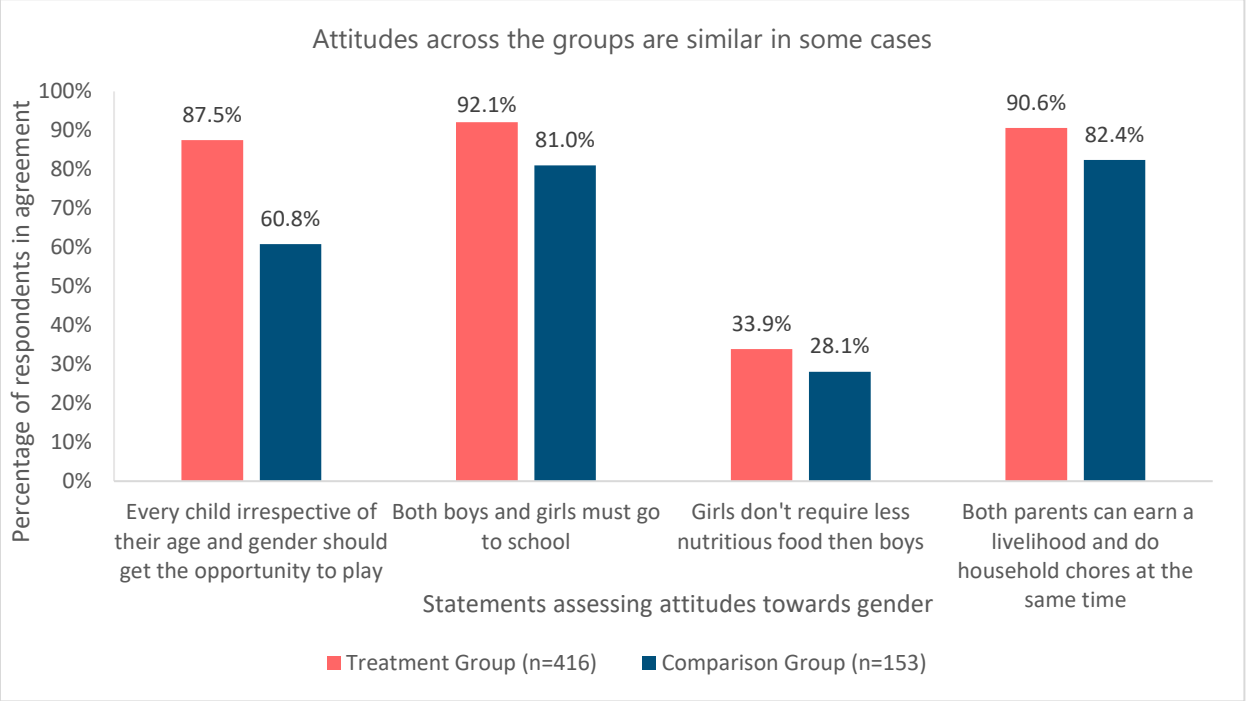
Graph 14: Waste management practices among the respondents

Over 89% of the treatment group knew about the different types of waste, 78% of whom said that they were informed about the types by Magic Bus staff. However, in terms of practice, it was noted that a very high number still dispose of waste in non-sustainable ways, such as burning (42.1%) or near a water body (33.9%). 38.9%, however, did report that their household waste was collected by a mechanism instituted by the local municipal body. These trends may be due to a number of factors such as the lack of power children have to choose the waste disposal mechanism at home or access to sustainable ways of disposal in the communities they reside in.

6.6 Impact on Gender Perception

6.6.1 Attitudes and perception

Attitudes towards gender were more neutral in the treatment group, with the difference being most substantial in the terms of the opportunity to play. This could be due to a major focus of the programme curriculum as well as activities being on games. For all other questions assessing the respondent children's attitudes towards gender, the differences were slimmer. The chart below depicts the percentage of children from both groups who agreed with the statements put to them to assess their attitude towards gender.



Graph 15: Respondents' attitudes towards gender

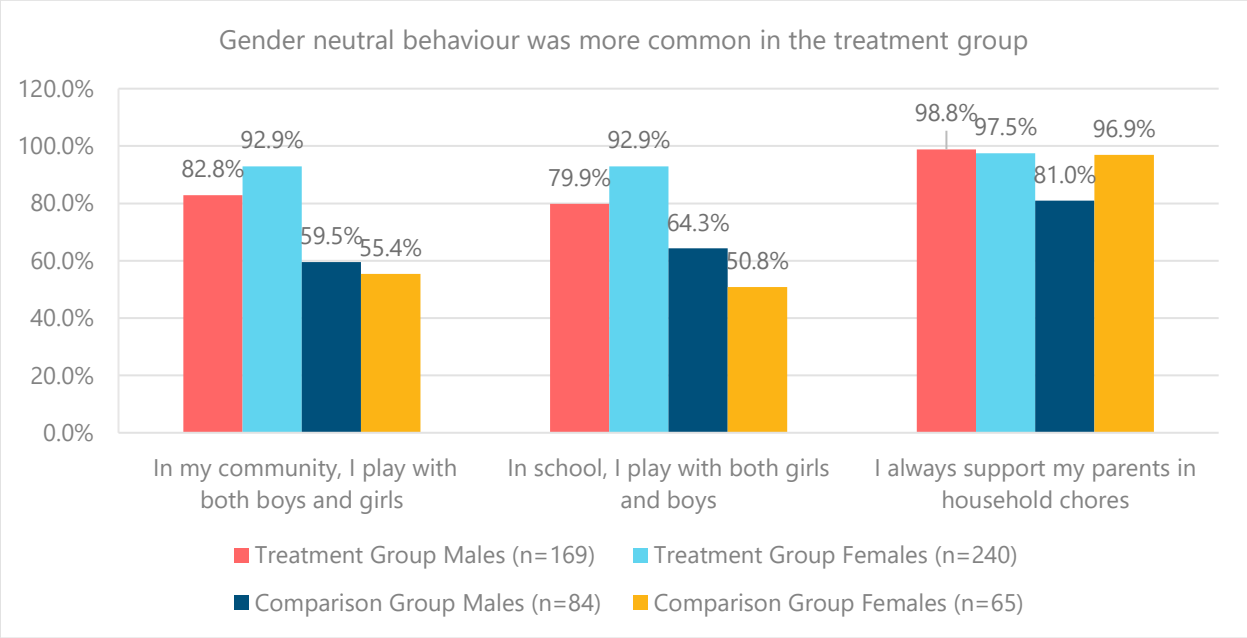
6.6.2 Increased gender-neutral behaviour

In terms of gender-neutral behaviour, the overall trend is more positive in the treatment group than the comparison group, as can be seen in the graph below. This trend is caused directly by the NHKP sessions, as attested to by mothers and ground staff during focus group discussions. Notably, while mothers said boys and girls are equal in terms of education, boys have more of a right on land that girls.

> *"Earlier parents did not allow girls and boys to play together but now they have started doing it. Even mothers play now and like it."*
>
> **– Youth Mentor, Male**

When dividing by gender, we see a higher uptake of gender-neutral play in girls than in boys.

In terms of helping with household chores, the incidence was higher for both girls and boys of the treatment group, with the latter reporting this at a much higher rate than comparison group boys.



Graph 16: Gendered behaviour among the respondents

7. Cost Benefit Analysis

7.1 Efficiency

The following is a statement by Samhita's in-house finance expert on the efficiency of the financial processes of Magic Bus and Nestlé's NHKP:

Magic Bus is a non-profit organisation, registered as Magic Bus India Foundation, under section 25 of the Companies Act 1956. Magic Bus India Foundation is also registered for undertaking CSR activities with the office of the Registrar of Companies (under Ministry of Corporate Affairs, GOI) vide Registration number: CSR00001330. They have been awarded the prestigious GuideStar India Advance Level- Gold certification for 2020 and joined India's largest pool of credible NGOs after undergoing a rigorous due diligence process.

As part of the Samhita due diligence process of registered NGO, we have obtained following registration documents from Magic Bus:

1) Company incorporation certificate and PAN copy

2) Renewed 12A and 80G documents issued by Income Tax Department

3) Approval letter issued by Ministry of Corporate Affairs, GOI

4) Declaration obtained regarding not affiliated / associated with Political Party and / or Religious Association

5)Audited financial statements and Annual reports of the Magic Bus up to financial year 2020-21 are available on its website.

The agreement was executed between Nestlé India Limited and Magic Bus India Foundation on November 21, 2019 to implement Nestlé Healthy Kids Programme to discharge Corporate Social Responsibility requirements of Nestlé India. Initial project was for the period of December 2019 to November 2020 and no-cost extension was approved by Nestlé India and project was concluded in the month of March 2021.

We have been provided an audited utilisation report for the total budget of INR 1,98,15,730/- by the Magic Bus team. The independent Practitioner's report on utilisation of funds is cleaned and there is no material misstatement found in the said report. The fund has been utilised for the programme activities for which they have been granted.

We have also been provided internal documents on procurement policy by the Magic Bus team. They have robust procurement policies to procure many goods and services for programme and non-programme purposes and to ensure transparent and collective decision making in procurement of goods and services of significant value.

It has detailed guidelines for various purchases, respective thresholds for approval along with responsibilities matrix and functioning of the procurement committee. The foundation also obtains necessary quotations for comparative analysis as per the procurement policy.

The scope of this policy extends to all office locations of Magic Bus India Foundation (MBIF) viz, Head Office (HO), Regional Offices (ROS), District Offices, Livelihood Centers, Programme specific office locations, Magic Bus Karjat Centre. Magic Bus Centre and Corporate functions are considered as a part of HO.

Since finance manual and internal policy documents are confidential for the Magic Bus team, we had an hour-long call with them to understand the certain processes with reference to their accounting system, donor reporting, recruitment of manpower, procurement, approval flow, beneficiary tracking system, internal MIS etc. and we noted following points during the said discussion:

- They use ERP system, and it has a robust accounting system set up to track real time monitoring of donor budget and corresponding actual expenditure for each budget line item. Therefore, it is very useful for donor reporting as per agreed frequency.
- Also, tracking of real time budget vs actual also helps to observe variances at a certain frequency and corrective measures can be taken in a reasonable time.
- Each project receipts and disbursements are linked with certain defined project codes and therefore project wise receipts and disbursement are easily segregated.
- They are also planning to develop a platform where donors also get real time visibility on their expenses and how project funding is being used for the various program activities.
- We did not get a clear understanding of how common cost is allocated across the various donor budgets. However, we have been told that they used to get 5-10% of project funding for their organisation level common cost from each donor budget.
- They have their own HRMS tool for databases of their employees and staff members. All recruited employees usually undergo extensive training to understand the organisation and various processes.
- The payments are being approved and processed as per the guidelines and threshold criteria given as per their finance manual. Most of the payments are being processed through bank mode (as said by Magic bus team).

Based on the discussion we had with the Magic Bus team, we feel that they are already in practice of following standard processes with reference to accounting systems, procurement of goods and services, recruitment of human resources and donor reporting.

Programmatic comparison has been eschewed to avoid creating false equivalences as the present programme's scope has not been found to be common with existing programmes in its entirety or with the same demographic target.

8. Recommendations

8.1 Parents

8.1.1 Increased sessions

Through qualitative data collection interactions, it was observed by some of NHKP's ground staff that the programme could benefit from increased awareness sessions with parents of the children enrolled in the programme. While some CYL's noted that parents continued to remain unaware of some of the practices taught about in NHKP sessions, this was also observed by the Samhita team during our interactions with the parents. To illustrate, a majority of the parents we interacted with in Patna reported still using open defecation practices a majority of the times. In our surveys, however, most children noted that they have toilets at home and also use them for defecation. Additionally, it was also noted that many households continue to burn waste as the primary means of disposing off waste generated in the household. This may also be assumed due to a lack of access to better waste disposal mechanisms as also the lack of a child's agency in deciding how household waste is disposed of. Since the adverse effects of these practices being engaged in the neighbourhood of children would continue to affect them, it is recommended that additional sessions or awareness sessions be designed aimed at the parents of the primary stakeholders of the programme.

8.1.2 Incentivisation to increase engagement

While sessions are held for a percentage of parents of the children involved in the programme, it was also noted that budget allocation for the same has changed in the recent past. There were reports earlier of events with parents where incentivisation through food items, bleaching powder or soap engaged them more effectively. The same may be done again if financially feasible and within the scope of the programme's plan in the future.

8.1.3 Adding local context

Adding local context to the sessions could also lead to higher engagement in and utility of the sessions for parents. Some examples that were reported on the field of topics of interest include dermatitis and respiratory malfunction caused by *gajar ghaas*, a local weed that grows in Northern India or how to prevent drying of milk in cartons.

8.2 Children

8.2.1 Building an Alumni Network

Since a large number of students go through the programme lifecycle of NHKP each year and positive outcomes have been noted in terms of their increased knowledge and practice of nutritional behaviour, education-seeking, personal hygiene, waste management, etc, it is recommended that their assistance be leveraged to ensure continuity and scaling up of the programme. Some proactive participants could be identified in the course of the programme who can hold sessions within their communities for younger children or children otherwise unable to access NHKP sessions. The alumni can also meet informally to discuss methods to increase the awareness and uptake of better practices in aspects related to health, hygiene and nutrition in their communities.

8.2.2 Addition of sexual and reproductive hygiene content

Since the primary stakeholders of the programme are teenagers or pre-teen children, it would be helpful to add content surrounding the sexual and reproductive health and hygiene of the children. Specifically, the addition of content focusing on menstrual hygiene for girls would be very helpful for the cohorts who are generally the primary stakeholders of the programme.

8.2.3 All-weather spaces

The sessions were reported to be mostly conducted in open spaces which are not always usable. They can be especially difficult to use during harsh weather like monsoon and winters. Use of all-weather spaces such as community halls or covered rooms in schools and communities may help to avoid this.

9. Snapshots from the field

Figure 2: Mothers' FGD in Patna. Taken by Samhita staff, October, 2022.

Figure 3: Children's FGD in Ahmedabad. Taken by Samhita staff, October, 2022.

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