

GOLAGHAT, ASSAM BASELINE REPORT

SEPTEMBER 2020



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INTRODUCTION

About the Nourishing Schools Programme

Nourishing Schools was designed by Ashoka India's Health and Nutrition Initiative in partnership with various stakeholders. Having gained positive traction, this programme was hived off into the Nourishing Schools Foundation.

The programme aims to develop young changemakers aged between 9-14 years. We provide toolkits to schools with games and activities for children between 4th to 9th grade. These activities help children learn about nutrition and how they can improve it e.g. by managing school gardens to access a diverse source of nutrients or building a handwashing station to prevent diarrhoea. Over two cycles of engaging with the toolkit, children solve problems in their schools and communities related to nutrition.

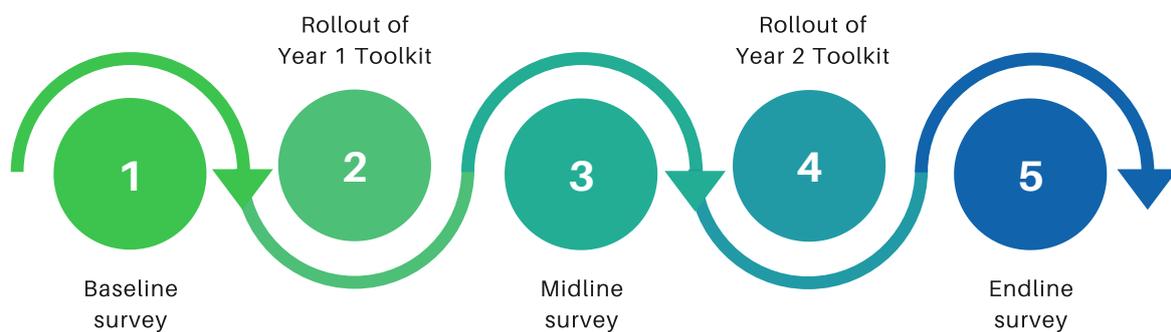
Over the years, we have partnered with Ashoka Fellows and various organizations to roll out Nourishing Schools in Assam, Maharashtra, Rajasthan and Tamil Nadu in over 200 schools.



OVERVIEW

Programme Cycle

Through partner organisations, the Nourishing Schools programme leverages schools as a hub to improve the nutrition of families and communities. The diagram below outlines the process that we follow with all the schools that we partner with for the programme.



Survey Methodology

The sample size for this impact assessment consisted of 916 students who are between the ages of 9 to 14 years. These children are from 25 schools in Golaghat district in Assam, India. A random sampling method was used to determine the children who will participate in this study. A maximum of 20 students were chosen from each standard (i.e 4th to 9th standard). Therefore from any given school, provided they have all the six standards, there were a maximum of 120 students chosen for the baseline survey. If it is a single gendered school (i.e only girls or only boys), then it will be 20 girls or boys from each standard. If it co-education, then it will be a maximum of 10 girls and 10 boys from each standard. The subsequent surveys (midline and endline) will be conducted with the same students that were part of the baseline survey.

This report showcases the results of the baseline survey conducted in the schools with our partner Farm 2 Food Foundation (F2F).

Co-Founded by Ashoka Fellow Deep Jyoti Sonu Brahma, Farm 2 Food Foundation encourages communities in North-East India to take up sustainable farming and learn entrepreneurial practices. F2F works with middle-school students to set up Nutrition Gardens in their schools, support their process of learning self-sustaining and organic methods of growing their own food, eating healthy, learning about nutrition and becoming entrepreneurs.



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RESULTS

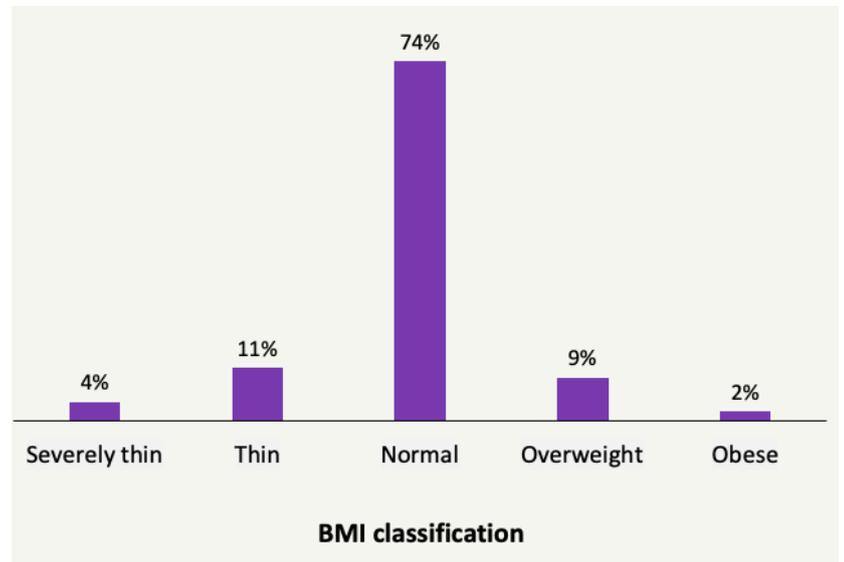
Ashoka and F2F conducted the baseline survey in 25 schools in Golaghat district, in Assam (completed in August 2018) before the introduction of the Nourishing Schools toolkit. The students who were interviewed for the baseline survey will be the same students who will be part of the next 2 surveys.

The analysis and findings from these 916 students showcase their habits and behaviours at the time of the survey, and will also form the benchmark for measuring the progress of the programme in the next 2 consecutive surveys.

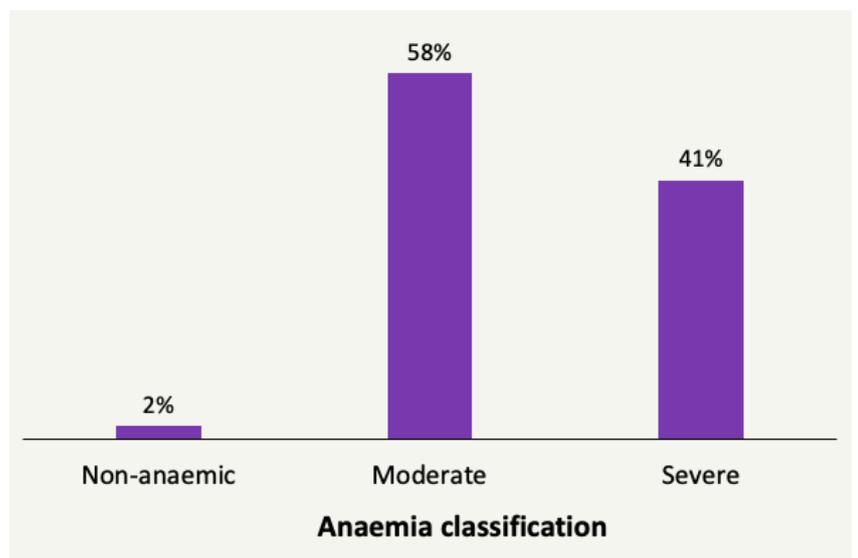
Nutritional status



The baseline results of Assam show that a majority of respondents (74%) fall in the category of normal Body Mass Index (BMI). The most recent Comprehensive National Nutrition Survey (CNNS) results show that on a country-level, 27% of adolescents aged 10-14 years are undernourished (moderate or severely thin)¹. In comparison, 15% of the surveyed school children in Assam are undernourished, indicating that efforts need to be taken to ensure the numbers do not increase.



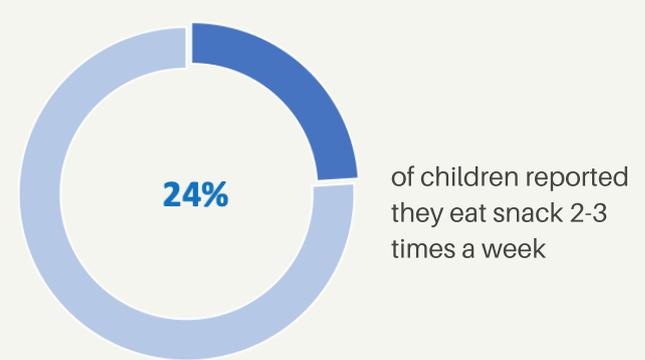
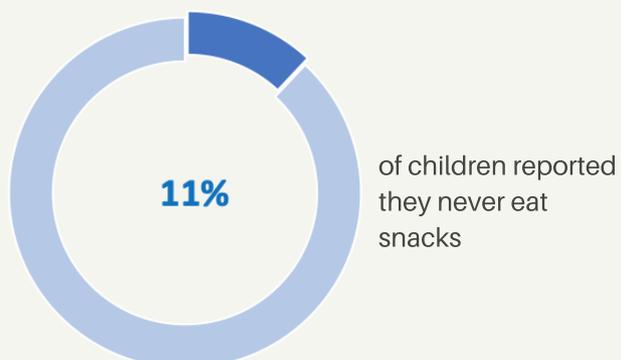
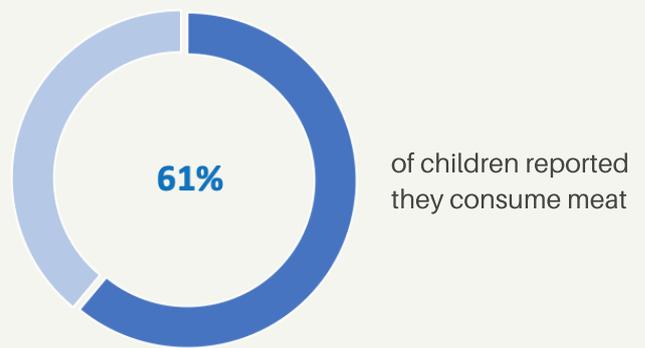
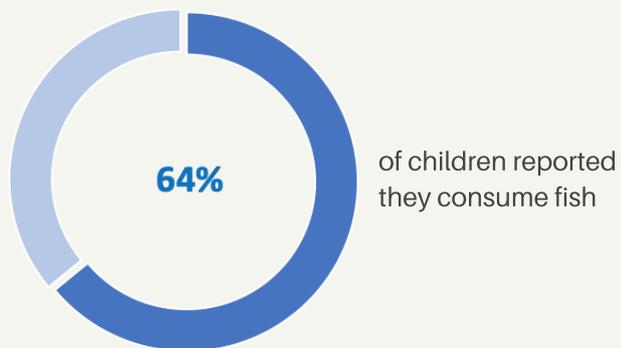
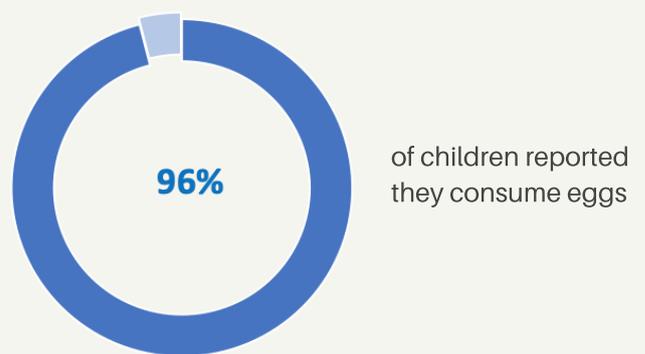
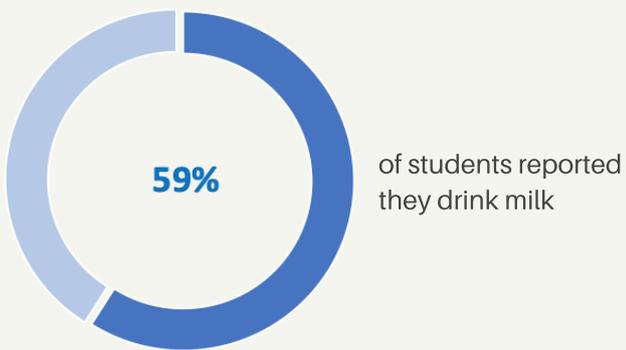
In India, the prevalence of anaemia in children aged between 10-19 years is 28%.² The chart on the right showcases that 58% of our total surveyed school children are moderately anaemic, while 41% are severely anaemic. A serious concern, the solution for this lies in providing children nutritious Iron-rich food, as well as Blue Iron Folic Acid (IFA) tablets once a week and deworming tablets every six months. Advocating for behaviour change and addressing non-nutritional causes of anaemia are also important aspects to follow.³



1. Comprehensive National Nutrition Survey India Factsheet 2016-2018
<https://nutritionindia.info/portal/portal/wp-content/uploads/2019/10/CNNS-v6-factsheet-India.pdf>
2. *ibid.*
3. <https://anemiamukt Bharat.info/home/6x6x6-strategy/>

RESULTS

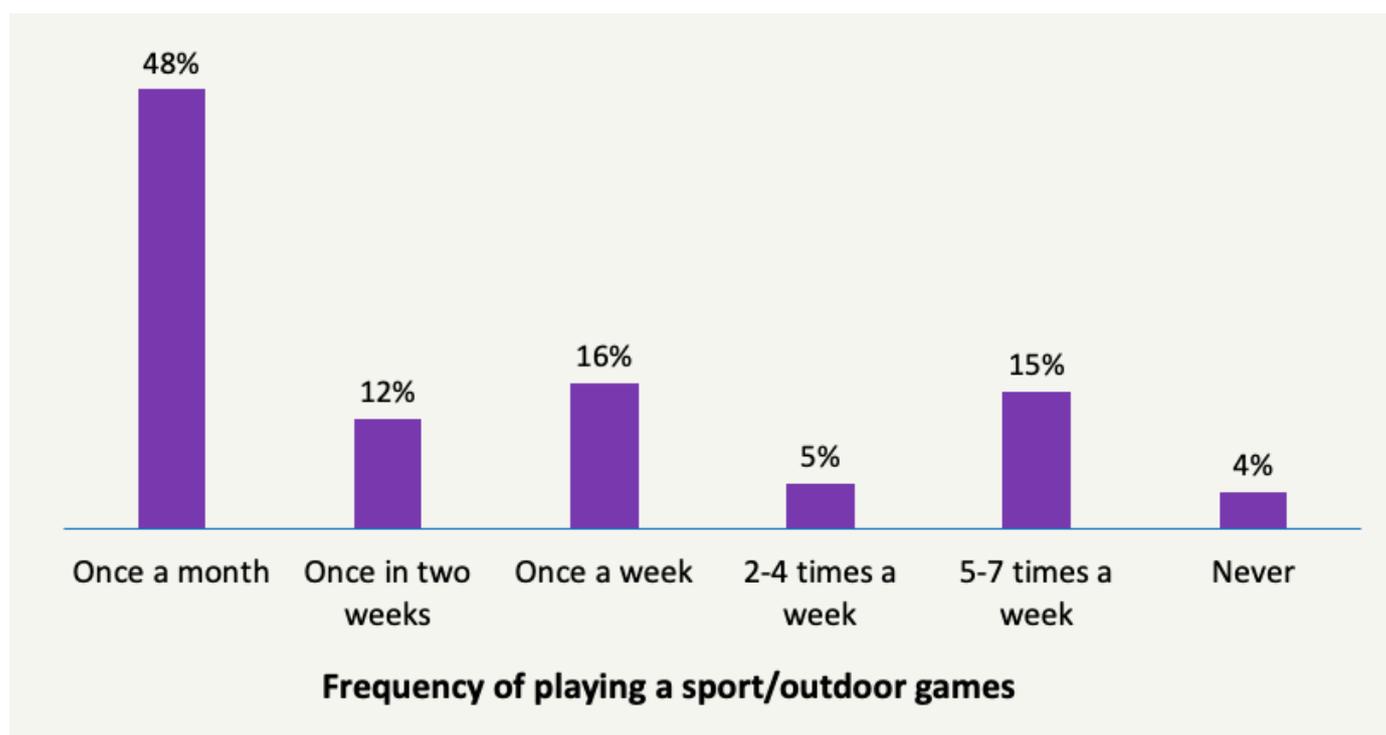
Diet





RESULTS

Physical activity



A recent study by the World Health Organization (WHO) reported that a lack of physical activity in the adolescent growing years can pose current and future health risks.⁴ This graph covers a subset of physical activity-frequency of children playing outdoor games or a sport. The results show that almost half the students have reported that they exercise only once a month. The results also show that more than half the students play games or an outdoor sport more frequently between once in two weeks to 5-7 times a week. Currently 4% of students never play a sport/outdoor games. It will be crucial to track this to ensure this percentage does not increase in the subsequent surveys.

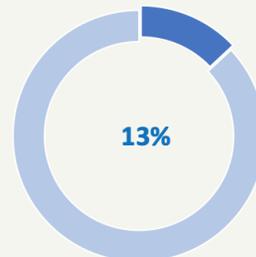
4. <https://www.who.int/news-room/detail/22-11-2019-new-who-led-study-says-majority-of-adolescents-worldwide-are-not-sufficiently-physically-active-putting-their-current-and-future-health-at-risk>

RESULTS

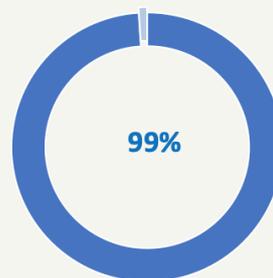
Water, Sanitation and Hygiene



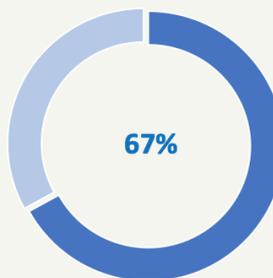
The government of India's Clean India: Clean Schools campaign (2014) stresses on ensuring handwashing and soap facilities are available in every school.⁵ 99% of the total surveyed children reported using water and soap to wash their hands at school. While a majority of respondents practice washing their hands with soap before eating (99%), and after using the toilet or answering nature's call (67%), it is essential to ensure that the number of respondents washing their hands before cooking must increase to prevent water, hygiene and sanitation-related diseases.



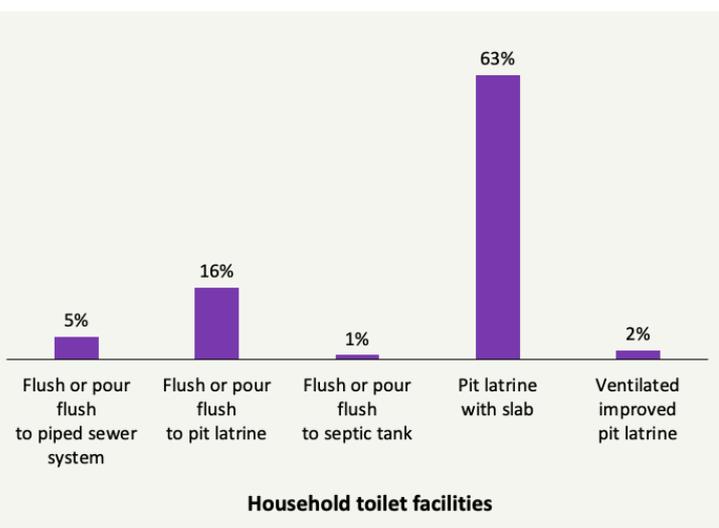
of children reported that they wash their hands with water and soap before cooking



of children reported that they wash their hands with water and soap before eating



of children reported that they wash their hands with water and soap after using the toilet or answering nature's call



According to recent data, nearly half of the population of India have stopped practising open defecation with a reduction of 47%. This signifies a major decrease in inequality but also a transformational change in public standards and community health in our country especially due to the Swacch Bharat Mission (2014).⁶ All of our respondents have reported to practice improved sanitation facilities⁷ with a majority of respondents using a pit latrine with slab (63%).

5. https://www.unicef.org/india/what-we-do/clean-india-clean-schools#_ftn1

6. Progress on household drinking water, sanitation and hygiene I 2000-2017 <https://washdata.org/sites/default/files/documents/reports/2019-07/jmp-2019-wash-households.pdf>

7. Core questions on drinking-water and sanitation for household surveys https://www.who.int/water_sanitation_health/monitoring/oms_brochure_core_questionsfinal24608.pdf

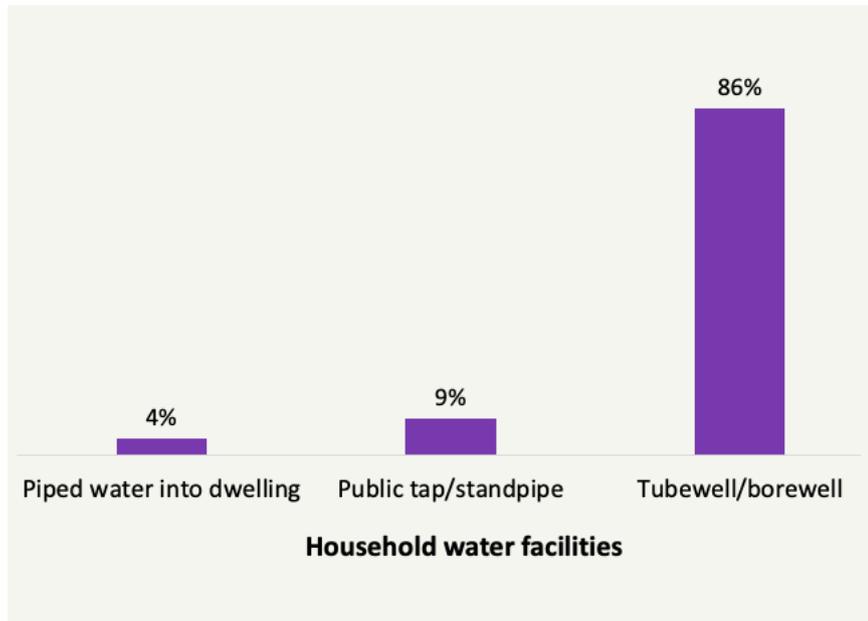
RESULTS

Water, Sanitation and Hygiene

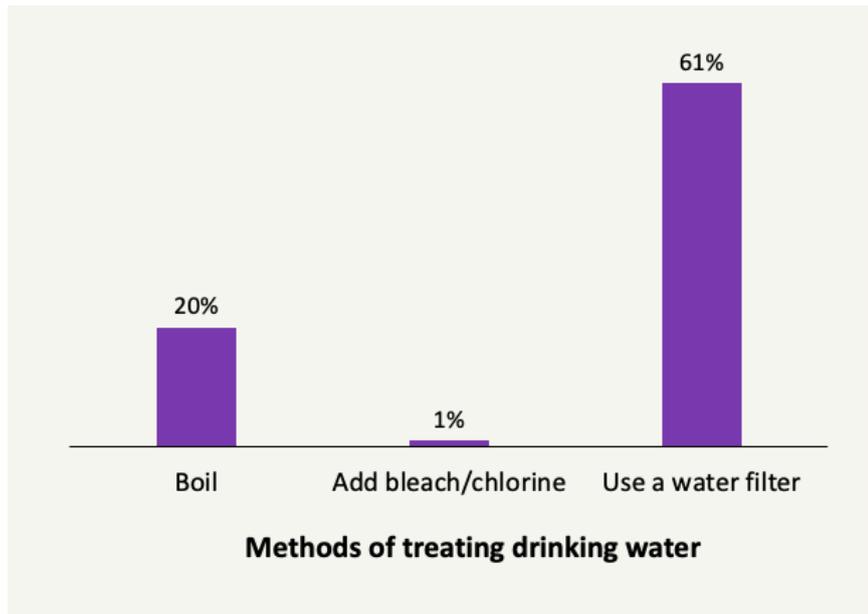
To meet the latest Sustainable Development Goals (SDG) criteria⁸ for safely managed drinking water services, households must use an improved water source that is:

- Accessible on premises
- Available when needed
- Free from contamination.

Improved water sources include piped water in dwelling, yard, or plot, public standposts, boreholes/tubewells, protected dug wells, protected springs, rainwater, and packaged water. The chart shows that all of the surveyed school children maintain an improved water source; a tubewell/borewell is the most commonly used water source at 86%.



An adequate water treatment method is necessary to disinfect drinking water and eliminate harmful pathogens using methods such as boiling, adding bleach/chlorine, using a water filter, and solar disinfection.⁹ 61% of the surveyed school children report that they use a water filter to treat drinking water in their households. Household water filters function under conditions such as temperature, pH, turbidity, etc., and doesn't introduce any chemicals into the water. This will possibly boost routine usage of the filter as it does not affect the taste and odour of water.¹⁰



8. Progress on household drinking water, sanitation and hygiene I 2000-2017
<https://washdata.org/sites/default/files/documents/reports/2019-07/jmp-2019-wash-households.pdf>

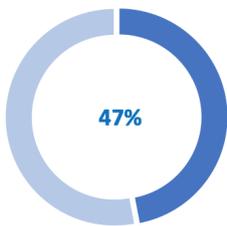
9. Core questions on drinking-water and sanitation for household surveys
https://www.who.int/water_sanitation_health/monitoring/oms_brochure_core_questionsfinal24608.pdf

10. Promotion of household water treatment and safe storage in UNICEF WASH programmes
https://www.unicef.org/wash/files/Scaling_up_HWTS_Jan_25th_with_comments.pdf

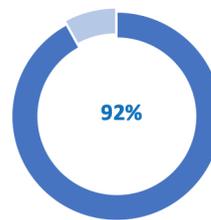
RESULTS

Nutritional Supplements

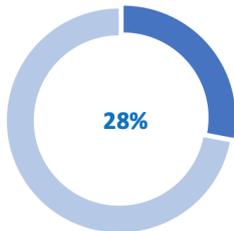
The consumption of nutritional supplements such as Vitamin A, Iron and deworming tablets is not a permanent solution to prevent some diseases or to resolve severe deficiencies, but it is often necessary in the short-term. It is to be noted that supplements alone is not the solution, but a healthy and balanced diet is crucial to growth and development.



of children reported that they take Vitamin A supplements



of children reported that they take Iron pills



of children reported that they take Deworming tablets



CONCLUSION

The results collected from the Assam Baseline survey provide critical data that can be used to recognize the initial context in the Golaghat district of Assam. This information is useful for us to understand how to effectively facilitate the intervention in the required focus areas.

It seems necessary to especially focus on practical initiatives to improve Anaemia awareness, and to ensure more school children play outdoor games/sports regularly. The games and activities in the Nourishing Schools toolkit are designed for this very reason. The toolkit not only emphasizes on creating awareness in the areas of nutrition, health, hygiene, and sanitation, but also provides the children an environment to have fun as they learn.

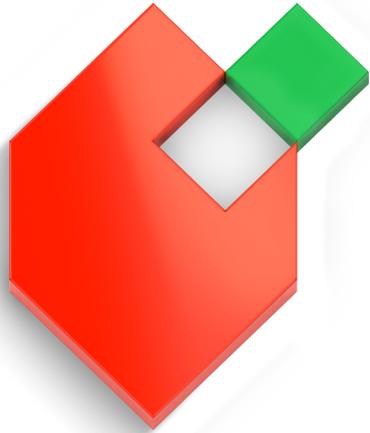
While this data is representative of only a subset of the larger population of school children, the aim of introducing the programme in schools is to develop children as change makers who will spread the knowledge and awareness amongst themselves and their larger community.





Authored by: Mythili Menon and Julia Mathew
Reviewed by: Archana Sinha and Deepa Amarnath

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