August 2023 Featured Project

Addressing the noncommunicable disease crisis in India through nutrition education for girls
Introducing Arogya World

Mission: works to prevent noncommunicable diseases (NDCs) in India through health education and lifestyle change

Innovative, community-based doorstep health model delivering prevention programming outside of traditional healthcare systems
About India

- Population of almost 1.4 billion
- Second most populated country on Earth
- 360 million live in squalid conditions; among the most impoverished in the world
- 20% live far below the poverty line
- Discrimination against women and girls is rampant, corruption entrenched, unequal distribution of quality education
- Gujarat (project area) - about the size of Kansas but home to 71.5 million people versus 2.92 million in Kansas
Life Challenges for Women Served

- The Noncommunicable Disease (NCD) crisis in India is staggering
- NCDs account for nearly 2/3 of deaths
- Financial burden high in vulnerable communities - cost of healthcare, financial consequences are catastrophic
- Adolescents experience triple burden of malnutrition: undernutrition, overweight, and hidden hunger caused by a lack of essential nutrients, especially rural girls
Rural Adolescent Girls Health and Nutrition Education

- Tests effectiveness and impact of Rural MyThali, which translates India’s National Institute of Nutrition (NIN) guidelines into easy-to-follow picture format that is region-specific
- Educates adolescents about basics of healthy living before lifestyle habits are set
- Focus groups (girls and their mothers) assess food preferences/habits, locally available food and more
The Project

Project phases:

**Formative Research** – Dietary practices and dietary diversity, knowledge assessment

**Development of Action Plan / MyThali** activity calendar for 12 weeks – supports use of MyThali comic book on basics of Foods and Nutrition, plus additional region-specific, culturally relevant tools

**Capacity building** – Development and pretesting of intervention Tool Kit in vernacular language using regional meals (left for future use by schools)

**Impact Evaluation** – Assessing impact of intervention

*Each Year of 2-Year Project – **Direct Impact**: 1,600 (800 Intervention); **Indirect Impact**: Approximately 8,000 Family Members*
<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Project Management</td>
<td>Portion of direct cost to manage project, plus oversight</td>
<td>$10,000</td>
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<tr>
<td>Field Implementation</td>
<td>On-the-ground implementation and execution</td>
<td>$20,000</td>
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<td>Materials Development</td>
<td>Encompasses the cost of altering current materials based on focus group input, translation, and printing</td>
<td>$3,000</td>
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<td>Training</td>
<td>Training modules development and training sessions</td>
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<tr>
<td>Impact Evaluation</td>
<td>Data collection, analysis, and reporting</td>
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<tr>
<td>Travel</td>
<td>Travel for trainings, partner liaising, and project update</td>
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<tr>
<td><strong>Total</strong></td>
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<td>$45,000</td>
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About Arogya World

• Established in 2010 by Dr. Nalini Saligram and three other founding board members, dedicated, passionate women with goal of making an impact on global health

• Leverages strategic partnerships, existing networks, and technology for cost-effective, impactful programs including mDiabetes (diabetes prevention program), MyThali (builds awareness on healthy eating and nutrition) and more

• Educated 6 million people on healthy living, aims to reach 50 million in next 5 years with evidence-based, user-centered programs with demonstrated impact
Discussion: Share Your Thoughts

1. Why is delivering programming where people “live, learn, and work” more effective than traditional methods?

2. How do you think a reduction in NCDs can affect gender equality?

3. What roadblocks might a girl experience when trying to introduce nutrition, exercise, and anti-tobacco changes to her family?