

Community Action for Nutrition (CAN) Process supported by Tribal Development Department

When People Unite for Children's Nutrition...



The current status of Children's Nutrition and the need for CAN Process

According to the National Family Health Survey (NFHS) report the prevalence of wasted children in the last 10 years has gone up by 21%. Similar numbers have been put forth by various other reports as well. Malnutrition is a very complex issue with economic, social as well as political factors influencing it. Hence it would be unfair to put the burden of this issue



entirely on the Integrated Child Development scheme alone. The solutions to this issue should be sought through the cooperation of departments such as Public Distribution System, Employment Guarantee and Rural Development. At the same time the status of these schemes should also be improved. Currently the focus is solely on the curative services provided to the severely malnourished children, when it should also be vital to give importance to the preventive services. Emphasis should also be given on the care of moderately malnourished as well as underweight children. This serious issue of malnutrition should be tackled with a multifaceted approach.

In view of this background, a new strategy needs to be developed to tackle the issue of malnutrition in Maharashtra. At least in the Scheduled area, to find a way out of this serious situation, strengthening of the nutrition services through active community participation and improvement in the household nutrition practices is of utmost importance.

Based on this, the problem of malnutrition can be tackled by Government actions with the support of community participation. This was successfully shown through an experiment during 2013 to 2017 conducted by the Nutrition Rights Coalition. Based on the positive changes observed through this experiment the Tribal Development Department accepted the proposal for the Community Action for Nutrition (CAN) process. The objectives of this process are to ensure the successful implementation of Dr. APJ Abdul Kalam Amrut Aahar Yojana in the tribal areas and to reduce malnutrition in the children in this area. This process is being implemented in 10 tribal blocks of 7 districts in Maharashtra since September, 2018. SATHI is the state nodal organization implementing this process through the Nutrition Rights Coalition with the participation of local NGOs.

» The field area for Community Action for Nutrition (CAN) process – The nodal coordinating agencies at the Block and District level

| District | Block | Number of Villages/Habitations | Nodal Agency |
|------------|---------------|--------------------------------|--|
| Gadchiroli | Kurkheda | 40 | Amhi Amchya Arogyasathi |
| | Armori | 40 | |
| Nandurbar | Shahada | 40 | Janarth Adivasi Vikas Sanstha |
| | Dhadgaon | 40 | |
| Palghar | Jawhar | 40 | Kamgar Va Majur Sangh (Kashtakari Sanghatna) |
| | Mokhada | 40 | |
| Thane | Shahapur | 40 | Van Niketan |
| Nashik | Tyambakeshwar | 40 | Vachan SATHI Sanstha |
| | Tyambakeshwar | 20 | |
| Raigad | Karjat | 40 | Disha Kendra |
| Pune | Junnar | 40 | Rachana Society for Social Reconstruction |
| | | Total : 420 | |

» The objectives & scope of Community Action for Nutrition Process

- To raise awareness about the Bharatratna Dr. APJ Abdul Kalam Amrut Aahar Yojana through the Community Action for Nutrition (CAN) process and activate the Village Health Sanitation & Nutrition Committee (VHSNC), *Aahar Samiti* and *Mata Samiti* of villages in the process area to ensure successful implementation of the Amrut Aahar Yojana.
- The number of pregnant women, lactating mothers and children registered under Amrut Aahar Yojana will be increased up to 90% and the consumption of the meals will be increased up to 80%. In order to understand the current situation of this service, a data compilation model will be developed based on public participation. On this basis the information about the beneficiaries of the Amrut Aahar Yojana will be made available, according to the villages, to the Tribal Development Department. After the completion of the process, this model can be made universal in all the tribal districts.
- During this process the number of children with severe malnutrition and moderate malnutrition will be reduced by up to 20%. As per the World Health Organisation (WHO) standards, severe malnutrition is indicated by severe wasting (Low weight for height, below -3 z scores) and/or severe underweight (Low weight for age, below -3 z score) and moderate malnutrition is indicated by moderate wasting (Low weight for height, between -2 z and -3 z score) and/or moderate underweight (Low weight for age, between -2 z and -3 z score).
- The process will also identify severe stunting (Low height for age, below -3 z score) and moderate stunting (Low height for age, between -2 z and -3 z score) and provide counseling to prevent it.
- The prevalence of growth faltering will be reduced by up to 25% in children below the age of 6 years. The improvement rate in the children in the severe and moderate category will be increased by up to 25%. Malnutrition related child deaths will be reduced by up to 15%.
- The number of children receiving referral service, who are in need of the referral service, will increase by up to 50%. The Tribal Development Department will take the initiative to receive cooperation from the Public Health Department and Woman and Child Development Department for the effective implementation and results of the process.





In order to achieve these objectives of the Community Action for Nutrition (CAN) process, the process has been designed in the following manner. An innovative approach has been included in the implementation of the CAN process for mother and child nutrition. The coordination of the important departments of the Government system, namely, the Public Health Department, ICDS department as well as Tribal Development Department from the village level to the district level and then the state level (convergence from below) has been developed. As per this design the steps for the implementation of the CAN process are as follow –

»» The Structure and Process of Community Action for Nutrition

| | |
|--|--|
| Village Level – VHSNC, Mata Samiti, Aahar Samiti (Nutrition Rights Group) | Monitoring of the nutrition services and community participation for spread of action for nutrition |
| Beat Level | Dialog between selected members of VHSNC, Mata Samiti, Aahar Samiti and Anganwadi Supervisor |
| Block Level – Block Committee, Project Officer, Block Development Officer, Superintendent of the Rural Hospital, Taluka Health Officer, Child Development Project Officer, Nav Sanjivani Committee members, Anganwadi Supervisors, etc. | Discussions to find solutions for the issues raised through the CAN process at project and block levels once in every 3 months |
| District Level - Chief Executive Officer, Project Officer, District Health Officer, Integrated Child Development Project Officer, Deputy Chief Executive Officer, Mentoring Committee members, etc. | Discussions and dialog to resolve the issues raised through the CAN process at district level once in every 3 months |
| State Level – Principal Secretary, Tribal Development Department, Principal Secretary, Woman and Child Development Department, Principle Secretary, Public Health Department, Finance Department, etc. State level officials of these departments, invitees of the civil society organizations, representatives of participating organizations, representatives of the participating organizations of Nutrition Rights Coalition | Discussions and dialogs on state level issues related to nutrition, solutions on the issues emerged through the implementation of the CAN process - Biannually |

Improvement in household nutrition practices through community awareness generation, monthly meeting-cum-demonstrations at the village level – focus on promotion of home based and local nutritious foods

Organizational Structure and important steps of the process for the implementation of the CAN process

- Community based monitoring to strengthen nutrition services
- Community is made aware of their rights and entitlements related to nutrition. Community members identify gaps in nutritional services and communicate them, *results in improved services, better quality and regularity of food, higher utilisation.*

Triangulation of information regarding Amrut Ahaar Yojana, Health and ICDS services

- ‘Convergence from below’ to strengthen nutrition services and household nutrition practices

Promoting convergence of actors at various level such as at village, block, district.

At village level *Poshan Hakka Gat* has been formed, which brings together members of VHNSC, Mata Samiti and Ahaar Samiti for joint action to improve utilisation and delivery of Anganwadi and Health services. Similar attempts to converge efforts of all concerned officials and actors at block level – has led to substantial impact in several blocks

- Improvement in household nutrition practices through community awareness generation, *monthly meeting-cum-demonstrations* at the village level – focus on promotion of home based and local nutritious foods
- Intensive counselling and follow up of under-6 children

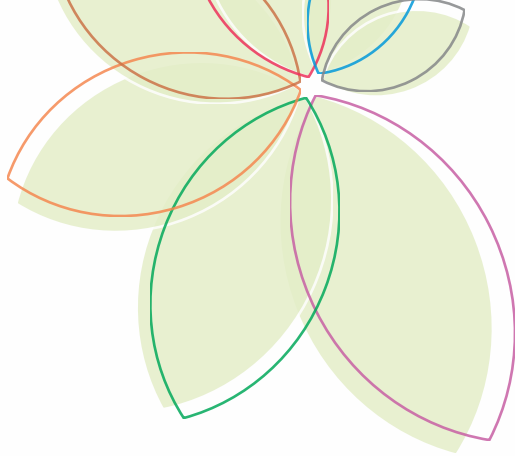
CAN process ensures that all the children under the age of 6 years in the habitation are registered and attendance is maximized at Anganwadi while reaching out to migrant, remote, marginalised households

Monthly anthropometry of all children is carried out *in presence of parents/caregivers* and their nutrition status is accurately rated, reported while *eliminating any under-reporting of malnutrition*

ASHA/Gav Karykarti is trained and involved for *weekly visits to each and every malnourished child*, counselling mothers for improved household nutrition practices.

Intensive follow up of malnourished children through ASHA/Gav Karykarti, including referral of severely malnourished children for treatment if required





» Key activities completed under the Community Action for Nutrition Process

Capacity building of various stakeholders-

- Regional Training of Trainers (TOT) was organized in two batches at Pune and Nashik on 23rd to 27th January, 2019 and 1st to 5th February, 2019 respectively. The TOT was organized for the block coordinators and field facilitators so as to familiarize them with the CAN process and its implementation.
- District Level Orientation Workshops were organized in six out of the seven districts, namely, Pune, Raigad, Nandurbar, Thane, Gadchiroli and Palghar to ensure active support from the Public Health Department, Woman and Child Development Department and Tribal Development Department for the CAN process.
- Block Level training workshops for ASHA workers/Gav Karyakarti were conducted in all 10 blocks from 27th February, 2019 to 22nd April, 2019. The training workshop covered topics such as Malnutrition, Child's Growth and Development, Follow up of malnourished child, High risk pregnancies, Nutrition Services and so on. Block Level refresh training workshops for ASHA workers/Gav Karyakarti have also been conducted in 8 blocks.
- A refresher training was conducted for the Anganwadi Workers on the topics of nutrition, malnutrition and importance of first 1000 days of life. The objectives of these training workshops were to ensure active participation of the Anganwadi workers for the CAN process as well as their cooperation for the follow up of malnourished children.

The training workshop covered topics such as Malnutrition, Child's Growth and Development, Follow up of malnourished child, High risk pregnancies, Nutrition Services and so on. Block Level refresh training workshops for ASHA workers/Gav Karyakarti have also been conducted in 8 blocks.

State level Multi stakeholder workshop

- A state level multi stakeholder orientation workshop under chairwoman ship of Ms. Manisha Verma, Principal Secretary, Tribal Development Department, was organized on 19th December, 2018. This workshop was organized to bring about the convergence of all the concerned departments (Tribal Development Department, Woman and Child Development Department and Public Health Department) and organizations and to orient them about the CAN process and ensure their active support for the same.



Baseline assessment

- Prior to the process implementation, a baseline survey was carried out by Tata Institute of Social Sciences, Mumbai, from December 2018 to February 2019 to understand the current situation in the field area. This survey was conducted with the objective to understand which areas need the focus of the process.

Developing App for data collection

- For the purpose of management of the data collected from the 420 villages of the 10 tribal blocks regarding the nutrition service and the follow up of the malnourished children a mobile app and portal has been developed. As a result, all the data will be promptly available at village, block and state level. The app and portal have been developed by Promptec and the real time data is being entered in the app.

Developing resource material

- The resource material required for the implementation of the CAN process, namely, Training Module, Register Formats, Protocols, Flipbook, Nutrition Services related questionnaire, Report Card, Growth Charts, Child Health Card, Family Information format and Faltering Charts have been prepared. These will aid in the implementation of the CAN process.

Data collection and anthropometry of children

- Collecting information about the nutrition services in 420 villages/ habitations, information related to the registration of children in each Anganwadi as well as conducting anthropometry of these children of all blocks..

Dialogue with Officials

- Meetings have been conducted with the officials of ICDS and Public Health Department at Block level to resolve local level issues.

Survey regarding migrated families

- In the tribal districts, it is observed that many families migrate to other blocks/districts for employment. During the migration, many families take their young children along with them. To understand the situation of these families and find out the nutrition status of the children, a survey of the migrating families was conducted in the Shahapur block of Thane. In order to train the block coordinator, field facilitators and ASHA workers for this survey a day long workshop was organized at Shahapur on 24th October, 2018. The survey was carried out immediately after the workshop.

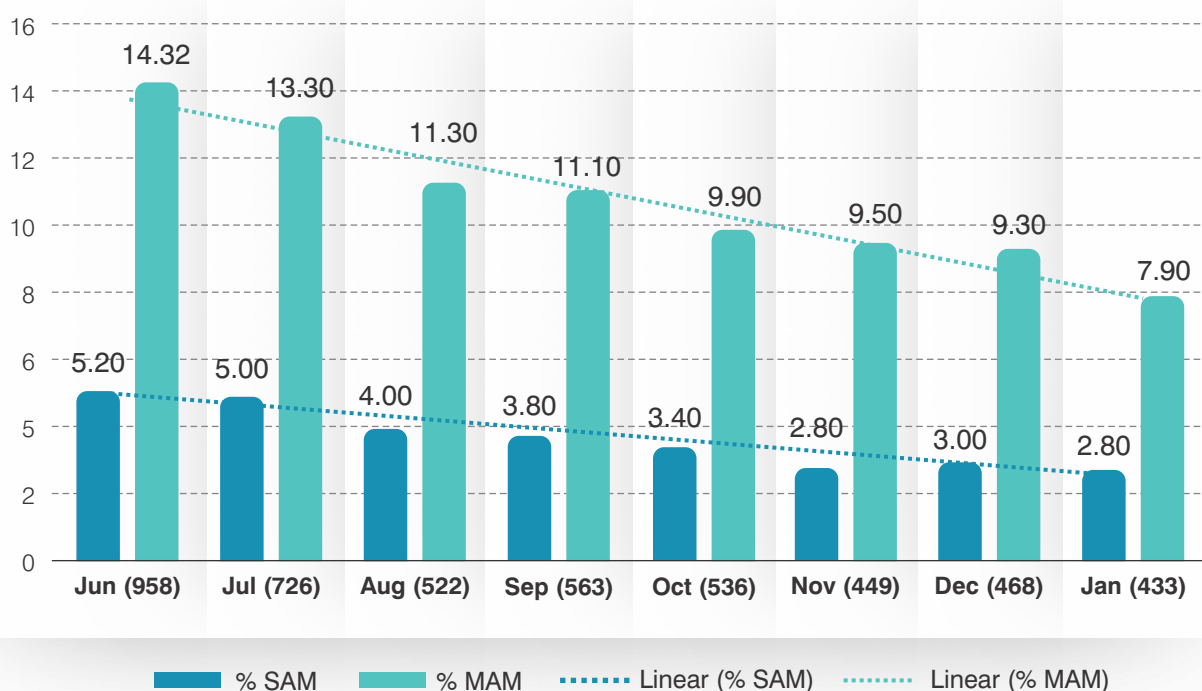




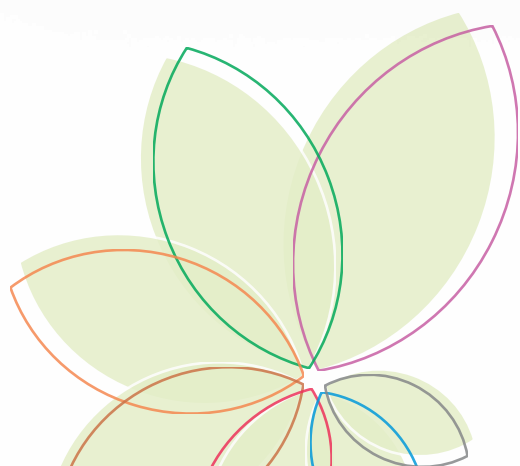
» Impact of CAN process (Selected results observed through CAN)

Improvement in SAM/MAM grades through the CAN process

Malnutrition Status (as per monthly reports)



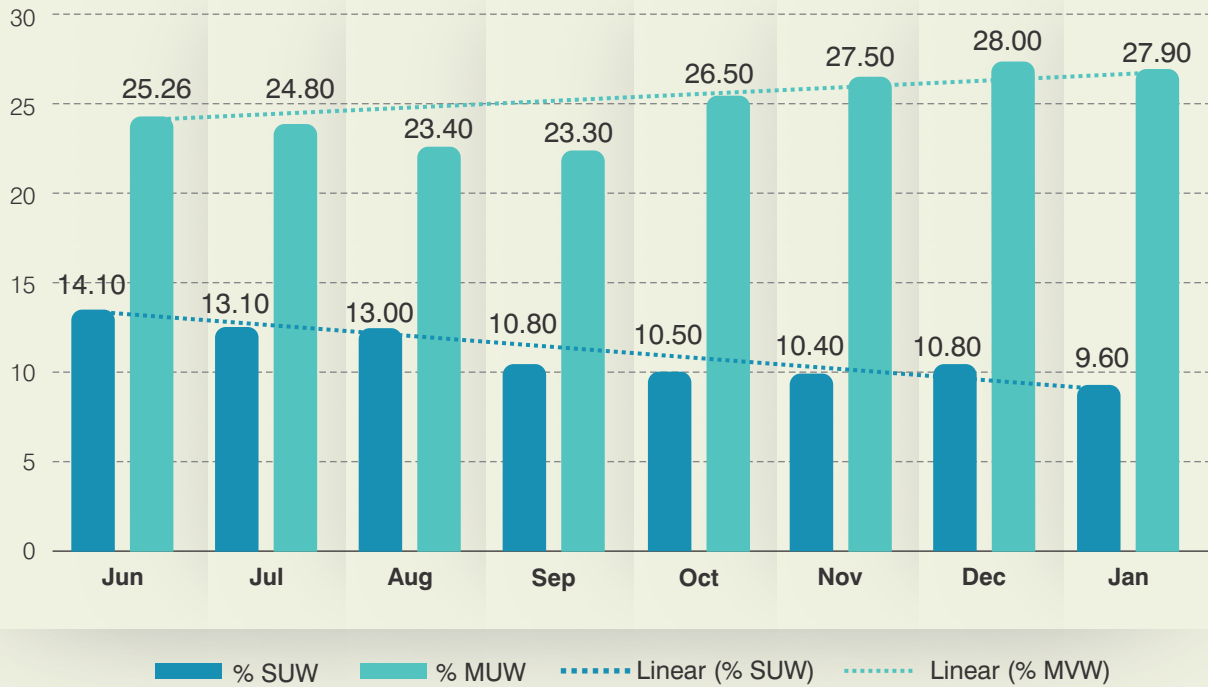
From June, 2019 to January, 2020, the percentage of SAM (Severe Acute Malnutrition) children reduced from 5.2% to 2.8% (46.15% reduction) and the percentage of MAM (Moderate Acute Malnutrition) children reduced from 14.3% to 7.9% (44.75% reduction).



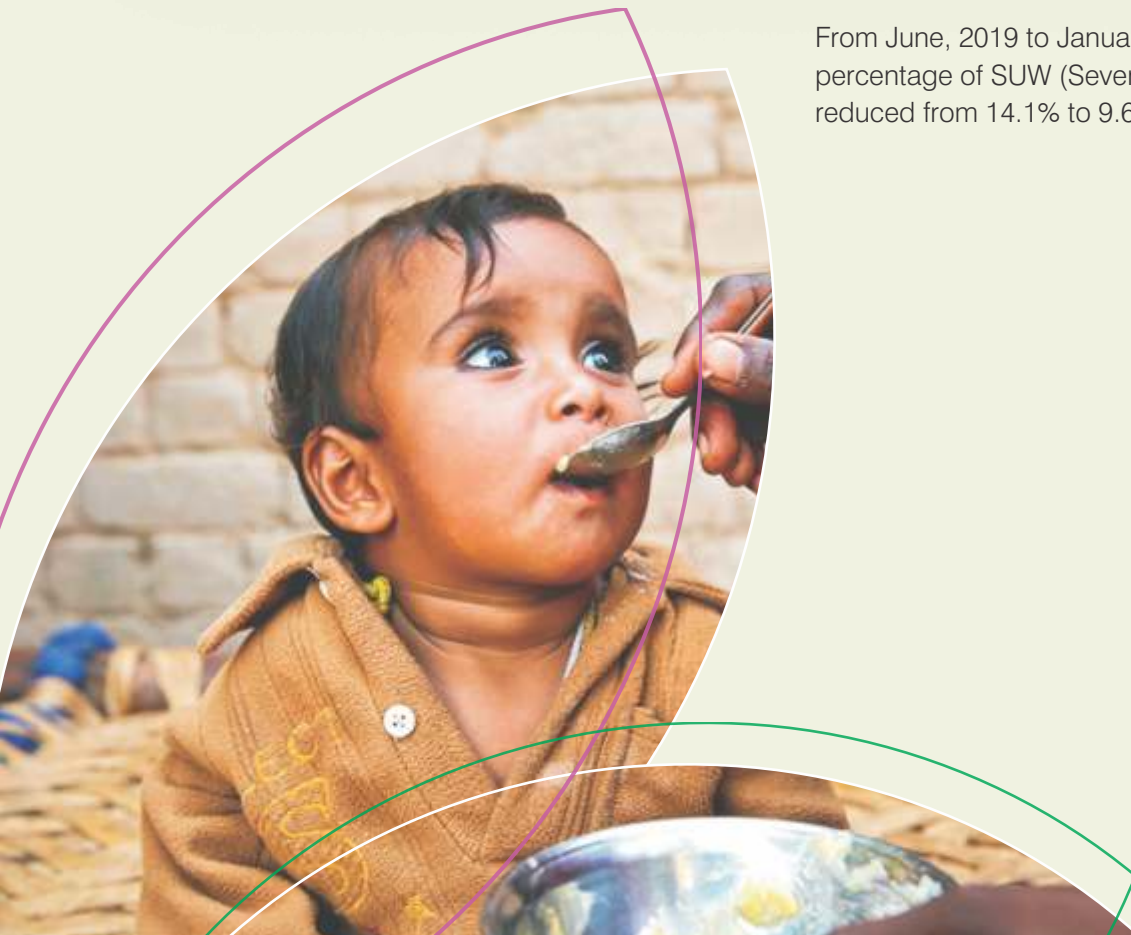


Improvement in SUW/MUW grades through the CAN process

Status of underweight children (as per monthly reports)



From June, 2019 to January, 2020, the percentage of SUW (Severe underweight) children reduced from 14.1% to 9.6% (32% reduction)





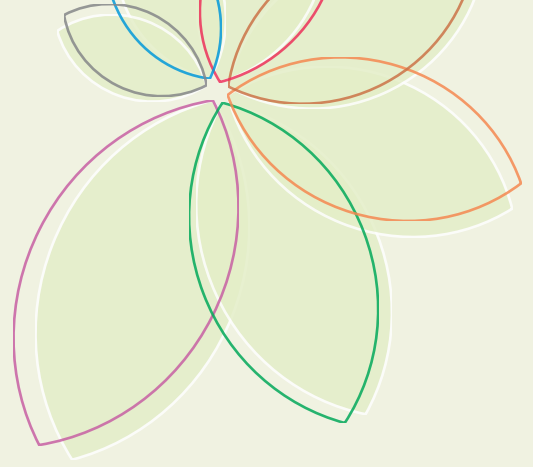
» Positive Case Stories

Due to CAN process intervention, CTC was approved by Dist. Collector, funds have been transferred to the Health Department and CTC started in Karjat Sub District Hospital from August, 2019.

The disbursement of Amrut Aahar Yojana funds in Junnar Block

The field visits of the field facilitators and block coordinator of the CAN process started in the month of October in the Junnar block. During these visits it came to their attention that the funds of Amrut Aahar have not been given since April, 2018 due to certain technical difficulties. The coordinator of the Amrut Aahar Yojana for the Pune Zilla Parishad Smt. Archana Shelke (ICDS Department) was informed about this issue and a follow up was done with her for quick release of the funds. Taking into consideration the seriousness of the issue, she took immediate action and the funds for two months were released in the block by the ICDS Department.

The CDPO of the Junnar block Shri. H.M. Hake also took the matter seriously and the funds of Rupees 16 Lakhs were released for the Amrut Aahar Yojana. As a result of these prompt actions taken by Mrs. Shelke and Mr. Hake the issue of funds for the Amrut Aahar Yojana was solved and CAN implementing agency 'Rachana Society for Social Reconstruction' expressed their gratitude towards these officers.



» Amrut Aahar Feast at the Anganwadi of Chakore village

- Various activities are being conducted in the tryambakeshwar block of Nashik district under the CAN process. As a result, improvement has been observed in the Anganwadi services. In the preliminary stages of the process Vachan organization surveyed 40 Anganwadis of the block. The issues regarding the Amrut Aahar Yojana were observed during this activity. During this period formation of Aahar Samiti and Mata Samiti was also done. ASHA workers were also trained in the usage of new weighing scales and stadiometers. During this process it was observed that 5 villages did not have containers to store the grains used for the Amrut Aahar Yojana. This issue was communicated to the concerned department.

Furthermore, it was noted that out of these 40 villages, 11 did not receive the funds for Amrut Aahar Yojana from July to November, 2018. This issue was raised during a review meeting with Tribal Development Department official. Following this, the funds were received regularly.

During these activities of CAN process, a positive step was taken at the Chakore village. The Anganwadi worker of this village, Mrs. Lata Pandit Alawane observed that the pregnant and lactating women who were the users of the Amrut Aahar Yojana carried the meals they received to home. Mrs. Alawane was uncertain whether these users consumed the meals themselves or not. Many a times the woman from a poor family may not consume it entirely as she tends to share it with other members of the family. To overcome this problem the Anganwadi worker started a new activity. She decided to organize the meals of the pregnant and lactating women under Amrut Aahar Yojana at the Anganwadi itself. As a result, all the users of Amrut Aahar Yojana consumed their meals at the Anganwadi in the presence of the Anganwadi worker which made sure that they received proper nutrition.





**Nutrition
Rights
Coalition**



Publication: 8 March 2020 International Women's Day

Publisher: SATHI, for Nutrition Rights Coalition, Maharashtra,
Phone – 91-20-25472325, 91-20-25473565,
Email- sathicehat@gmail.com

Writing and Editing: Shailesh Dikhale,
Vinod Shende and Manasi Shrouti

Coordination by: Deepali Yakkundi,
Nitin Ghatge, Sachin Sathe,
Shankar Shirke and SATHI team

Guidance: Dr. Abhay Shukla

Design: SwapnaDeep Creatives, Pune

Printed by: N.R. Enterprises, Pune

Financial Support and Guidance:
Tribal Development Department,
Government of Maharashtra and Tribal
Research and Training Institute, Pune

Gratitude: Nutrition Right Coalition,
Maharashtra- Amhi Amchya Arogyasathi,
Janarth Adivasi Vikas Sanstha, Kamgar
Va Majur Sangh (Kashtakari Sanghatana),
Van Niketan, Vachan, Disha Kendra,
Rachana Society for Social
Reconstruction

