



Building Community
Action For Nutrition

When People Act for **Child Nutrition...**



Need of Building Community action for nutrition

In spite of the high economic growth in Maharashtra, under-nutrition among children across the state of Maharashtra is a persistent paradox. Comparison between findings of the National Family Health Survey (NFHS) round 3 (2005-2006) and NFHS round 4 (2015-2016) shows that although the proportion of stunted children has declined, the percentage of severe wasting among children under 6 has increased from 5.2 % in

round 3, to 9.4 % in round 4. The issue of malnutrition is now becoming chronic as well as systemic, which has been resistant to conventional approaches.

Keeping this context in view, one needs to develop different approach to tackle an important issue of malnutrition, which would include reorientation of public systems with accountability towards communities; improved community awareness about nutrition and ensuring proper nutrition practices by parents of children to address malnutrition.

Until now malnutrition in tribal areas has been in focus, whereas significant malnutrition in the rural areas is usually overlooked. To tackle this problem in comprehensive manner, an innovative approach and process 'Building Community Action for Nutrition' (B-CAN), have been developed by SATHI as part of Nutrition Rights Coalition, Maharashtra. On one hand this process includes promoting civil society action for ensuring responsiveness of nutrition and health related public services and programmes; facilitating their improved implementation and coordination at grassroots level; along with developing positive community initiatives. And on the other hand, improved household nutrition practices through empowering caregivers of children about healthy nutrition practices combined with individualized nutrition counseling and follow up of malnourished children. Bajaj CSR has been supporting the process 'Building Community Awareness and Action to Improve Child Nutrition Practices and Services in Selected Tribal and Rural Areas of Maharashtra' which will be further termed as 'Building Community action for Nutrition (B-CAN)'. This process aims to ensure sustainable improvement in nutrition status of young children on sample basis in tribal and rural areas of Maharashtra.





» Key Objectives of Building Community Action for Nutrition process

- Reduction in the overall percentage of severe and moderate malnutrition and prevalence of growth faltering among children below 6 years by up to 30% (**for first year it is 6%**) by the end of three years project.
- Improvement in initiative, participation and responsiveness of key grassroots stakeholders such as VHNSCs members (Health Department) and 'Mothers Committee' members (WCD-ICDS Department) and PRI representatives towards improving nutrition services and entitlements in their habitations.
- Improvement in involvement & participation of active community members regarding nutrition services, entitlements and practices, in terms of participation in related meetings, raising issues and following up for resolving issues.
- Improved quality of supplementary feeding by Anganwadi for 3 to 6-year-old children, with up to 30% (**for first year 10%**) caretakers reporting such improvement in intervention area.
- Improved nutrition practices among parents/caregivers of under-6 children in the intervention areas, with up to 30% (**for first year 10%**) caretakers demonstrating such improved practices.
- Strengthening capacity development of 120 ASHAs/Poshan Sakhi and re-orientation of around 120 Anganwadi workers, 20 block facilitators and coordinators in intervention areas regarding nutrition services, entitlements, household nutrition practices and importance of first 1000 days of life etc.
- Systematic documentation of around 30 (**for first year 5 such stories**) success stories and drawing key learning from the documentation.
- Developing the state level plan for appropriate scaling up of the emerging approaches for at least all tribal and rural areas of Maharashtra towards tackling with Child malnutrition.

» Coverage and beneficiary

This process is being implemented in 120 habitations/villages of 1 tribal and 2 rural blocks of 2 districts of Maharashtra. Anusandhan Trust SATHI is the state nodal organization implementing this process, through the Nutrition Rights Coalition. Rachana Society for Social Reconstruction is working in 40 habitations/villages each in the Bhor and Velhe blocks. These two blocks cover population of around 34,392 and 16,776 respectively. Apeksha Homeo Society is working in 40 habitations/villages of Dharni block which covers a population of around 43,280.



B

Key Components of the Building Community Action for Nutrition (B-CAN) Process

1. Improvement in household nutrition practices through community awareness generation, *monthly meeting-cum-demonstrations* at the village level with *focus on promotion of home based and local nutritious foods*.
2. Intensive counselling and follow up of under-6 children:
 - a. B-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.
 - b. Monthly anthropometry of all children is carried out in presence of care givers and their nutrition status is accurately rated, reported while eliminating any under-reporting of malnutrition.
 - c. ASHA/Poshan Sakhi is trained and involved for weekly visits to each malnourished child, counselling mothers for improved household nutrition. Intensive follow up of malnourished children through ASHA/Poshan Sakhi, including referral of severely malnourished children for treatment if required.
3. Community participation to strengthen nutrition services:
 - a. Community is made aware of their entitlements related to nutrition. Community members identify gaps in nutritional services and communicate them, resulting in improved services and its utilisation.
 - b. Triangulation of information regarding Health and ICDS services.
 - c. Facilitating community dialogue at various levels regarding nutrition related services – dialogues at village, block and project level as well as Mass dialogue.
4. 'Convergence from below' to strengthen nutrition services and household nutrition practices:
 - a. Promoting convergence at various levels such as at village, block & district.
 - b. 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.
5. Ensuring registration, immunisation and health check-ups of pregnant and lactating women.
6. Cluster level Health Check-up camps to assess nutritional status of under 6 children.

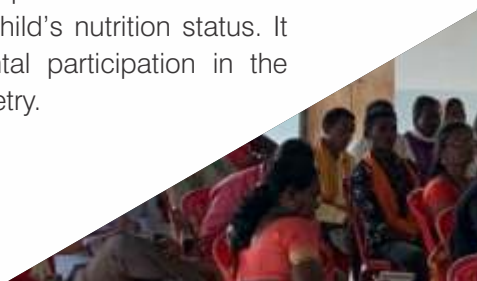




» The glimpses of the activities completed under the B-CAN Process are as follows

Regional Training of Trainers (TOT)

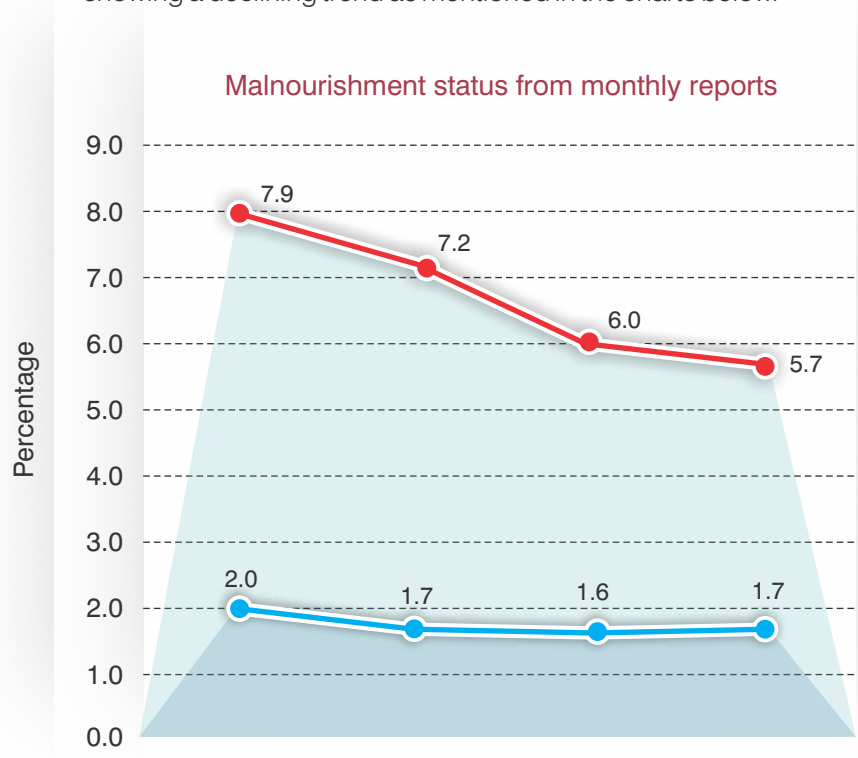
- ▶ Regional TOT was organized at Indian Institute of Education (IIE), Pune on 10th to 14th May, 2019. The TOT was organized for the block coordinators and field facilitators of all the 3 blocks. The TOT was attended by the block coordinators and field facilitators of Bhor, Velhe and Dharni blocks.
- ▶ The block level training of the ASHA/Poshan Sakhi was completed in the Bhor block from 28th to 31st May, 2019, Velhe block from 17th to 20th June, 2019 and Dharni block from 27th to 30th June, 2019. This training workshop was conducted for 4 days with all the selected ASHAs/Poshan Sakhi as participants. The training was conducted jointly by the SATHI team and the Block coordinator and field facilitators of the partner organization, Rachana and Apeksha. The training workshop covered topics such as Nutrition, Malnutrition, First 1000 days of life, Child's Growth and Development, Components of a balanced diet, High risk pregnancies, Nutrition Services, Topics of Village Meetings, etc. The block level refresh combine training of the Asha/Poshan Sakhi and Anganwadi workers was completed in the Dharni block on 15th and 16th Nov., 2019.
- ▶ The block level training of the Anganwadi workers for convergence with the B-CAN process was completed in the Bhor block on 28th and 29th June, 2019, in Velhe block on 10th and 11th July, 2019 and in Dharni block on 19th and 20th August, 2019.
- ▶ PRI members workshop has been conducted in the Bhor block on 16th August, 2019 and in Velhe on 29th Aug. 2019. To increase participation of PRI members including various community members at village level for resolving nutrition service and household nutrition practice related issues, workshop has been conducted in the Dharni block on 18th November, 2019.
- ▶ Regular anthropometric measurement of under six children on monthly basis has been conducted and the weekly follow up of malnourished children has also been done at Bhor, Velhe and Dharni blocks on regular basis. Nutrition services related biannual Data collection in all three blocks (Dharni, Bhor and Velhe) has been conducted during September & October 2019 and Jan. and Feb. 2020.
- ▶ Demonstration of Growth Chart Campaign to build capacities of Karyakartas and ASHA/Poshan Sakhis of Bhor, Dharni and Velhe block during Oct. and Nov. 2019. The Growth Chart Campaign was executed at the village level where the facilitators and ASHA/Poshan Sakhis explained the growth chart to the villagers including the nutritional status and importance of first 1000 days of life. As a result of this campaign the parents have become more aware of their child's nutrition status. It also increased parental participation in the process of anthropometry.





C Positive impact of the B-CAN process (for year one)

➤ According to the monthly reports, 91% children are covered during anthropometry on an average in total B-CAN area. Based on this anthropometric data, percentage of malnutrition is showing a declining trend as mentioned in the charts below.



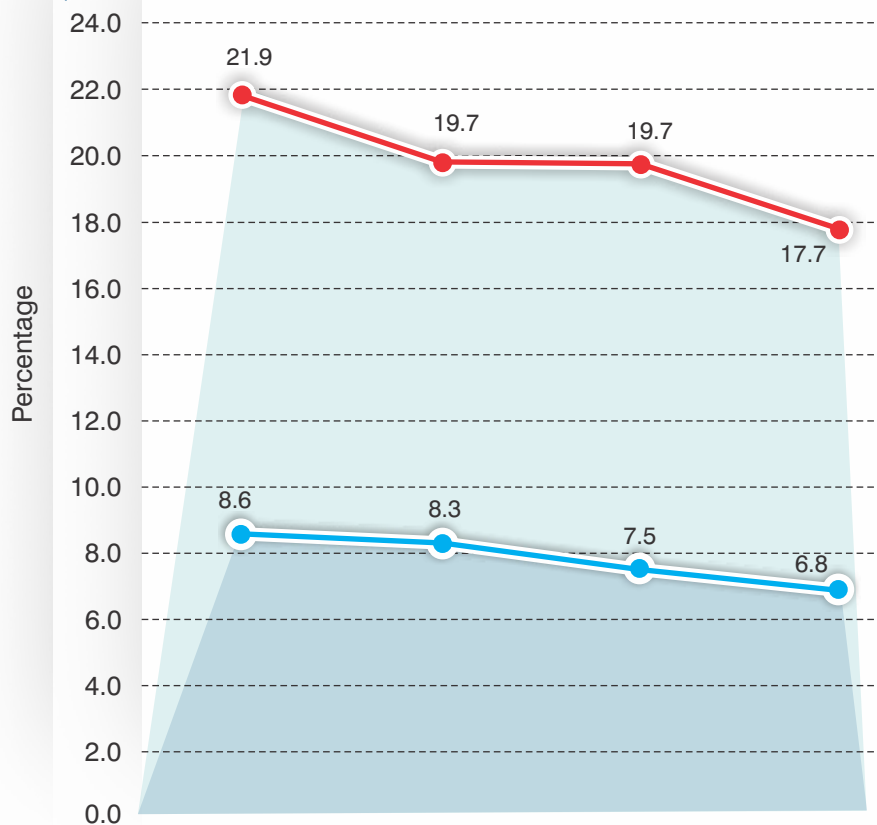
	Oct	Nov	Dec	Jan
● % SAM	7.9	7.2	6.0	5.7
● % MAM	2.0	1.7	1.6	1.7

Figure 1: As compared to October '19, 28% reduction in SAM has been observed in the month of January 2020.





Underweight status from monthly reports

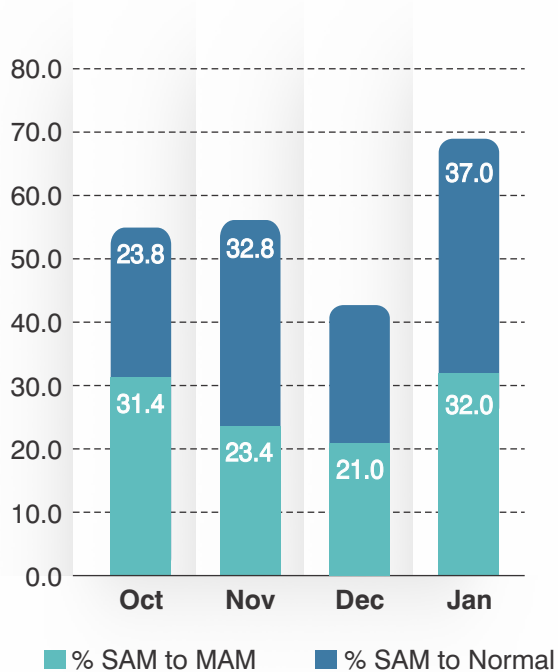


	Oct	Nov	Dec	Jan
● % SUW	8.6	8.3	7.5	6.8
● % MUW	21.9	19.7	19.7	17.7

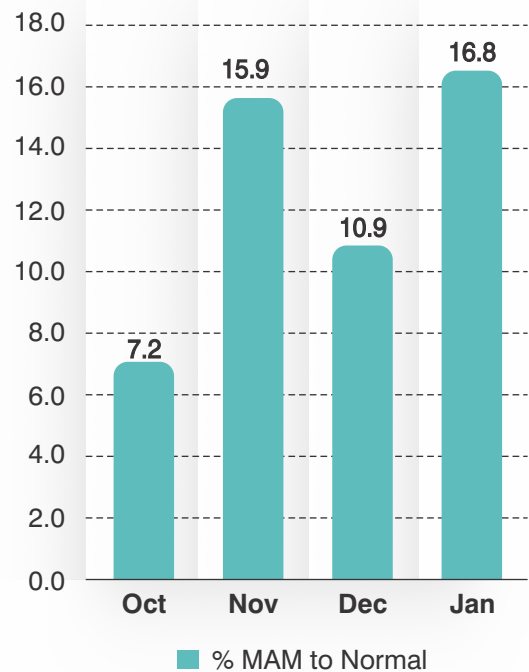
Figure 1: As compared to October '19, 21% reduction in SUW has been observed in the month of January 2020.

Improvements in malnutrition after follow up

Improvements in Severe malnutrition (SAM)
(Based on monthly reports)



Improvements in MAM
(Based on monthly reports)



D

» Other impacts

- During September to December, 2019, village level meetings of Poshan Hakk Gat (Mata Samiti and VHSNC) have been conducted 450 times in all the three blocks.
- Overall, 144 issues related to the supplementary food provided at the Anganwadis of all three blocks have been resolved during September to December, 2019.
- Due to personalized counselling sessions and habitation level dialogues, 187 households have reported positive changes in their daily nutrition practices in all the 3 blocks during September to December, 2019.
- The training of ASHA/Poshan Sakhi in the Bhor block resulted in increase in the level of overall knowledge from 54.5% to 83.8% after training. In the Velhe the overall knowledge increased from 45.2% to 80% after training. This increase was from 35.8% to 74.3% in Dharni block.





E

» Positive changes through B-CAN process

- ▶ State level 'Gabha Committee on Malnutrition' took cognizance of B-CAN processes like growth chart campaign and community participation and took the decision that anthropometry of each child should be done in the presence of their parent.
- ▶ Dr. Chandrakant Pandav, Member, POSHAN Abhiyan (NNM, New Delhi) took note of the positive impact of the B-CAN process and will send a note regarding B-CAN process to NITI Aayog. He would be visiting B-CAN field area soon.
- ▶ Previously groundnut chikki was distributed to children under 'Amrut Aahar Yojana' at Dharni and due to its hardness, the children were not able to eat it. Through B-CAN intervention AWW has started distributing groundnut Shengdana Lado in all 40 habitations.
- ▶ In 8 villages AW buildings were not in good condition in Dharni. Two villages had no Anganwadi Buildings. These issues were discussed in district Gabha Committee and decision regarding repair and allotment was taken. Issues related to construction and repair of 12 Anganwadi building with B-CAN intervention area got resolved.
- ▶ Due to B-CAN process decision regarding vacant posts of 6 AWW and 21 helpers related to B-CAN intervention area, got resolved in the Gabha Committee of Dharni block. 5 AWW posts and 16 AW helper posts have been filled so far.
- ▶ In Bhore block of Pune budget for construction of 5 Anganwadi centers has been approved and construction of 2 Anganwadi Centers has been started while in Velhe block repair work of 17 Anganwadi centers has been started due to B-CAN process.
- ▶ In Velhe block budget for repair work of 11 AWCs have been received but repair work was pending for long time. Due to follow up under B-CAN process the repair work has now started.
- ▶ In Velhe block in Bhaginghar village, villagers have taken decision to stop giving & purchasing Kurkure for children this has happened due to awareness about nutritious food.
- ▶ 'Matka Fridge' to store raw materials for the Anganwadi meals has been installed in 15 villages in Velhe and in 17 villages in Bhore. 82 households have started implementing the Bal Kopro in the Velhe block and in 86 households in Bhore block.

» Positive impact case study

► In order to reduce the malnutrition, child mortality, maternal mortality and still births in the tribal areas a PESA village committee has been formed under the PESA Act. Under the B-CAN process a combined Poshan Hakka Gat has been formed consisting of the Village health nutrition and sanitation committee (VHNSC), Mata Samiti and Ahaar Samiti. These committees are active at the village level. During the meetings of the Poshan Hakka Gat under the B-CAN process, issues related to the Anganwadi have been discussed. Through these discussions it was found that 12 Anganwadis leak during the rains, 3 new Anganwadis are required in the villages of Takarkheda and Sosokheda and there are 6 vacant posts of Anganwadi workers and 21 of Angwandi helpers under the B-CAN area. A discussion was done regarding these issues at the habitation level in the Poshan Hakka Gat and the PESA committees and it was decided to report these issues at the Block level Gabha Samiti meeting.

At the Block level, a joint meeting of the Nav Sanjivani Committee, PESA Committee and Gabha Samiti is regularly held under the chairmanship of Mr. Khillare, Project Officer, Tribal Development Department. Dr. Pawar, Taluka Medical Officer, is the Secretary of the Gabha Samiti. A Block Level meeting was organized on 11th September, 2019. Many village level issues were discussed in this meeting. The 6 vacant posts of the Anganwadi workers, namely, Kalpi – 1, Ranapisa – 1, Ratnapur – 2, Kara – 1 and Tingrya – 1 were filled. The decision to fill the vacant posts of the Anganwadi helpers was made. Out of 21, 16 posts have been filled and the remaining will be filled after the code of conduct is lifted. The decision to repair the 12 leaking Anganwadis was also taken and this repair work has already begun. The proposal for 3 new Anganwadis in villages of Takarkheda and Sosokheda was also approved.

The person appointed to cook the food for the Bharat Ratna Dr. APJ Abdul Kalam Amrut Ahaar Yojana is supposed to receive Rs. 1000 remuneration. The ladies preparing the food do not receive the payment on time. Furthermore, the honorarium of the meal helpers has not been received for the past 3 months.

However, the Samiti regularly followed up with this issue, and as a result, all the honorariums and payments have been done!





Nutrition
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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, Swapnil Vyavahare, Krishna Bajare and SATHI team

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