



RESOURCE HANDBOOK ON **NUTRITION** AND **FOOD SECURITY**



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Ideation & Coordination

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Resource Handbook on Nutrition & Food Security





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Foreword

It gives me immense pleasure to present “Resource Handbook on Food Security & Nutrition” - developed under Global Program India by assessing and analysing the current landscape of Food security and Nutrition in Bihar. It is a culmination of voices, experiences, skills, perceptions, and knowledge that have added value towards the development of this toolkit.

The handbook will be utilized by frontline worker consisting of ICDS-Aanganwadi worker, ANMs, existing CBOs & committee of the village and partner field level functionaries. It will be helpful in delivering the day-to-day business for the three-tier functionaries. The tool should build the capacity and enhance the knowledge of the field level functionaries in disseminating the information on various aspect of health and nutrition, functionality of the various available platform in the village to address the issue of food security, sanitation, and hygiene.

The handbook has covered six areas mentioned above viz. nutri-Agri practices, women nutrition & food security, government social security schemes, children nutrition & food security, humane farming, adolescents' nutrition & food security.

These recommendations and findings will certainly create a roadmap for all who are engaged in praxis of community building, to understand the concept and staying with the ideological framework bringing new narratives of change, taking community on board and bringing societal outcomes. May this tool leverage the scope of community-oriented approach by adopting right methodologies and processes.

I would like to acknowledge and place special appreciations to the tireless efforts of our colleagues under the able leadership of Dr Jaison Varghese, Mr. Aaditya Mohan, and Ms. Priyanka Rani, and to entire team of Sunil Simon for their relentless support and bringing out this dynamic analysis. We hope that this handbook shall be a referral resource in the coming days to strengthen and amplify the strength of our community and giving a pathway for a more inclusive, evolving, and diverse understanding of food security and nutrition. I hope that this report will inspire all the stakeholders to intensify their efforts through a community led perspective.

The current pandemic of Covid-19 has indeed got the best of human thinking and living. It has, in many ways, ignited and paved new pathways and breakthroughs and redrawn the lines of commune in our society. It remains crucial for us, as development actors to scale up solutions co-produced by our local communities and focus on strengthening new alliances. Community-led solutions are necessary but insufficient. Building alliances, networking and collaboration can direct new transformative plans to evolve from within our community institutions in fostering social justice.

Fr. (Dr) Paul Moonjely
Executive Director
Caritas India

Message

About 850 million people in the world are undernourished - a number that has hardly changed since the 1990-92 base period for the World Food Summit and Millennium Development Goal commitments on reducing hunger by half by 2015. Of particular concern are hunger hotspots, marked by the widespread persistence and prevalence of food insecurity, especially in protracted crises.

The COVID-19 pandemic poses a serious threat to food security and nutrition. Economic turmoil caused by the pandemic threatens both economic and physical access to food (FAO, 2019). Declining incomes may make food, particularly nutritious food, less affordable for some, especially the poor. Disruptions to and possible breakdowns of marketing, logistics and trading systems could make food unavailable in some locations at some times. Hunger and malnutrition could rise. This brief will assess the current situation, provide some examples of how governments and other stakeholders are attempting to build more resilient food systems in response, and offer some broad policy recommendations.

The national and Global sustainable goals cannot be achieved unless undernutrition is not prevented. This must be done as soon as possible and across the life cycle especially in the first 1000 days of the life. As the nutrition directly contribute to maternal and child deaths, it also undermines the learning outcomes of education, impact the productivity of a person, and has impact gender equality.

Fr. (Dr.) Jolly Puthenpura
Assistant Executive Director
Caritas India

ABBREVIATIONS

Abbreviations

AAY	Antyodaya Anna Yojana	DWSM	District Water and Sanitation Mission
AFHC	Adolescent-Friendly Health Clinic	EBC	Extremely Backward Class
AHD	Adolescent Health Day	ECCE	Early Childhood Care and Education
AIDS	Acquired Immune Deficiency Syndrome	ECS	Electronic Clearing System
ANC	Ante-Natal Care	EWS	Economically Weaker Sections
ANM	Auxiliary Nurse Midwife	FBNC	Facility-Based New-born Care
APL	Above Poverty Line	FCI	Food Corporation of India
ASHA	Accredited Social Health Activist	FGD	Focus Group Discussion
ATMA	Agricultural Technology Management Agency	FSSAI	Food Safety and Standards Authority of India
AWP&B	Annual Work Plan & Budget	GDP	Gross Domestic Product
AWC	Anganwadi centre	GP	Gram Panchayat
AWW	Anganwadi Worker	GPDP	Gram Panchayat Development Plan
BC	Backward Class	GIAC	Grant-In-Aid Committee
BCC	Behaviour Change Communication	GIS	Geographic Information System
BCG	Bacillus Calmette-Guerin	GoB	Government of Bihar
BCPC	Block Child Protection Committee	GoI	Government of India
BDO	Block Development Officer	GP	Gram Panchayat
BEO	Block Education Officer	HBNC	Home-Based New-born Care
BEPC	Bihar Education Project Council	HBYC	Home-Based Care for Young Child
BMI	Body Mass Index	ICDS	Integrated Child Development Scheme
BMZ	Federal Ministry for Economic Cooperation and Development	ICU	Intensive Care Units
BPL	Below Poverty Line	IDA	Iron Deficiency Anaemia
BRCC	Block Resource Centre Coordinator	IDCF	Intensified Diarrhoea Control Fortnight
BRLPS	Bihar Rural Livelihoods Promotion Society	IDI	In-Depth interview
BSDMA	Bihar State Disaster Management Authority	IEC	Information, Education and Communication
BSEB	Bihar School Education Board	IFA	Iron and Folic Acid
CDPO	Child Development Project Officer	IHHL	Individual Household Latrine
CHC	Community Health Centres	IPC	Interpersonal Communication
CMHO	Chief Medical Health Officer	IMI	Intensified Mission Indradhanush
CMFSS	Chief Minister Food Security Scheme	IMR	Infant Mortality Rate
CPS	Child Protection Scheme	IYCF	Infant and Young Child Feeding
CS	Civil Surgeon	JBSY	Janani Evam Bal Suraksha Yojana
CSR	Child Sex Ratio	JSSK	Janani Shishu Suraksha Karyakram
CSS	Centrally Sponsored Schemes	JSY	Janani Suraksha Yojana
CWC	Child Welfare Committee	KGBV	Kasturba Gandhi Balika Vidyalaya
CWSN	Children With Special Needs	LSBA	Lohia Swachh Bihar Abhiyan
DEIC	District Early Intervention Centres	LSY	Lohia Swachh Yojana
DEO	District Education Officer	MAM	Moderate Acute Malnutrition
DH	District Hospitals	MCH	Maternal and Child Health
DHO	District Health Officer	MCP	Mother-Child Protection
DIET	District Institute of Education and Training	MDMS	Mid-Day Meal Scheme
DM	District Magistrate	MIDH	Mission for Integrated Development of Horticulture
DPO	District Project Officer	MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
DPT	Diphtheria-Pertussis-Tetanus	MHFW	Ministry of Health and Family Welfare
DRCC	District Registration-cum-Counselling Centre	MHRD	Ministry of Human Resource Development

MHS	Menstrual Hygiene Scheme	ST	Scheduled Tribes
MI	Mission Indradhanush	SWSM	State Water and Sanitation Mission
MIS	Management Information System	TFR	Total Fertility Rate
MKUY	Mukhyamantri Kanya Utthan Yojana	THR	Take-Home Ration
MMPNY	Mukhya Mantri Pey Jal Nischay Yojna	TT	Tetanus Toxoid
MMPSY	Mukhya Mantri Parivar Samridhi Yojna	UN	United Nations
MMR	Maternal Mortality Rate	UNICEF	United Nations Children's Fund
MNCH	Mother, New-born & Child Health	VAD	Vitamin A Deficiency
MoHFW	Ministry of Health and Family Welfare	VAP	Village Action Plan
NFDB	National Fisheries Development Board	VHSNC	Village Health, Sanitation, and Nutrition Committee
NFHS	National and Family Health Survey	VHSND	Village Health, Sanitation, and Nutrition Day
NFSA	National Food Security Act	VO	Village Organisation
NGO	Non-Governmental Organisation	VPRP	Village Poverty Reduction Plan
NHM	National Health Mission	VRP	Village Resource Person
NRC	Nutrition Rehabilitation Centre	WASH	Water, Sanitation, and Hygiene
NRDWP	National Rural Drinking Water Programme	WBNP	Wheat Based Nutrition Program
NRLM	National Rural Livelihood Mission	WHO	World Health Organisation
OBC	Other Backward Class	WIFS	Weekly iron Folic Acid supplementation
OBGY	Obstetrics and Gynaecology		
OD	Open Defecation		
ODF	Open Defecation-Free		
ORS	Oral Rehydration Salt		
PDS	Public Distribution System		
PE	Peer Educator		
PHC	Primary Health Centres		
PHED	Public Health Engineering Department		
PMSM	Pradhan Mantri Surakshit Matritva		
PMMVY	Pradhanmantri Matritva Vandan Yojna		
PMSMA	Pradhan Mantri Surakshit Matritva Abhiyan		
POCSO	Protection of Children from Sexual Offences		
PRI	Panchayati Raj Institutions		
RBSK	Rashtriya Bal Swasthya Karyakram		
RI	Routine Immunisation		
RKSK	Rashtriya Kishor Swasthya Karyakram		
RSBY	Rashtriya Swasthya Bima Yojana		
RYSK	Rashtriya Yuva Sashaktikaran Karyakaram		
SAM	Severe Acute Malnutrition		
SBM (G)	Swachh Bharat Mission (Gramin)		
SC	Scheduled Castes		
SDG	Sustainable Development Goals		
SHG	Self Help Groups		
SLWM	Solid and Liquid Waste Management		
SMC	School Management Committee		
SNP	Supplementary Nutrition Program		
SSA	Samgra Shiksha Abhiyan		

Background

Caritas India:

Caritas India, founded in 1962, is the official development arm (registered under the Societies Registration Act XXI 1860 (the Punjab Amendment Act 1957) of the Catholic Churches in India. Caritas India is a member of Caritas confederation of more than 160 member-organizations working in nearly 200 countries, making it the second largest humanitarian network in the world.

Caritas India has served the underprivileged sections of the society, hailing from socially excluded communities, the Scheduled Caste and Scheduled Tribes, and religious minorities by exercising preferential actions for the most marginalized. Resultantly, with a large spectrum of development interventions across the country, Caritas India is recognized as a leading NGO in poverty alleviation through Community Managed Disaster Risk Reduction and Natural Resource Management.

Global Program India:

Caritas India and her partners, with the support of Federal Ministry for Economic Cooperation and Development (BMZ), Government of Germany and Caritas Germany have designed a community-led cluster program which is multifocal with three development themes: Resilience to natural calamities; enhanced Nutritional and Food Security and Social Inclusion.

The program is multi-level and focuses on the Indian states of Assam, Bihar and Odisha with some activities in the Sundarbans (West Bengal) in the first phase of February, 2021 to March, 2024. The main target groups of the program are traditionally marginalized groups, officially defined by the Indian authorities as "Scheduled Castes" (SCs) and "Scheduled Tribes" (STs), which live in the rural areas of selected districts. The programme will focus to simultaneously address the issues on a multi-level approach from Village to District, State and National levels in

addition to cross border exchange between India, Nepal, and Bangladesh.

The programme targets a total 260 villages of 17 districts in 4 states of India. These regions are considered to be highly vulnerable to disasters and therefore, it is imperative that civil protection and preparedness, or risk reduction, must be community-led with the effective leadership of local governments and, the disaster risk reduction measures to be coordinated at the municipal, district and federal levels with proper mitigation plans and actions. Besides, there are still massive problems with hunger and malnutrition associated with natural disasters, especially in remote rural regions. In order to address these issues, the program intends to achieve the following outcomes with the implementation of the programme in the operational areas.

Program Outcomes:

The intended impact of this project is "The living situation of particularly marginalized population groups has been sustainably improved by structurally improving food security, strengthening resilience to natural disasters and increasing social inclusion in all target regions.". The project will achieve this goal by attaining four main outcome areas as mentioned as follows:

Overall Outcome: Improved access to government social benefits, increased self-help capacity, and increased interaction between civil society initiatives and government agencies will lead to more effective implementation of government development programs and increase the resilience of particularly marginalized populations to disasters, increase their food security, and promote joint implementation of government-mandated strategies for the social integration of marginalized minorities.

Outcome 1: Increasing disaster resilience: The vulnerability of the population to disasters and the number of victims and extent of damage

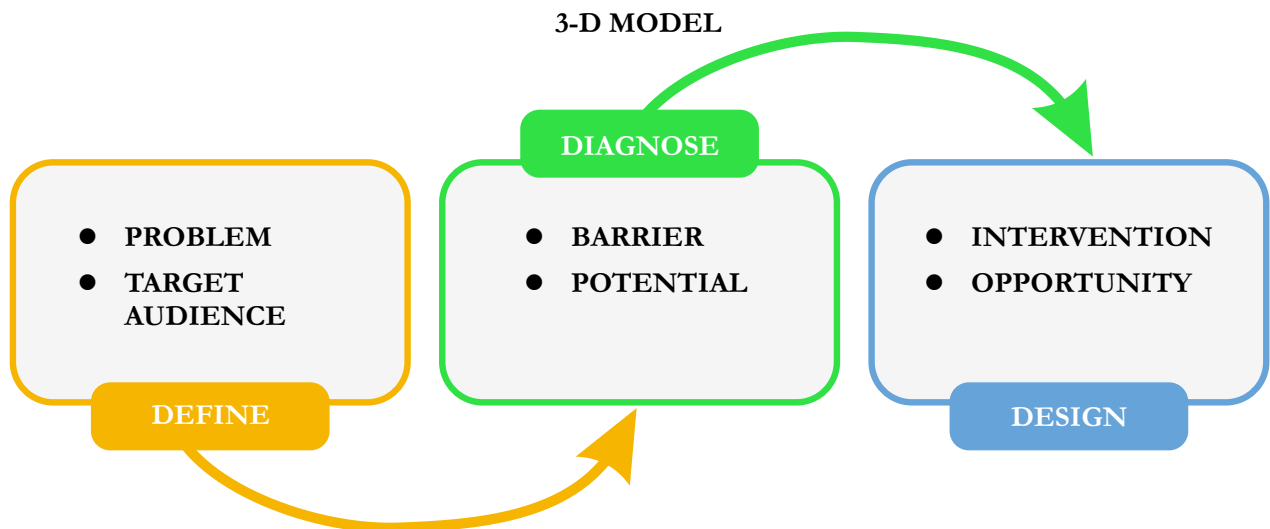
caused by disasters are reduced by improving the disaster management system at the national, state, and local levels.

Outcome 2: Improving food security: Food security (nutrition) has been improved by intensive targeting by means of improved access to government programmes.

Outcome 3: Improved Social inclusion: The social and political participation of Representatives marginalized groups on social problems (beyond food security and disaster prevention) and their use of corresponding government support services in the field of education, welfare and development has increased.

Outcome 4: Civil Society Learning Processes: The work of various stakeholder groups (Representatives of target groups, Employees, NGOs, and public authorities) in the areas of disaster preparedness and food security as well as social inclusion has been improved through systematic and regular exchanges at congresses, workshops, studies and further education programmes of specialist and higher education institutions, and channels for knowledge transfer are institutionalized.

Strategy:



Caritas India has entrusted Greenpro Natura Consultants (OPC) Pvt. Ltd. to prepare toolkits for nutrition and food security under Global Program India. The primary objective of the assignment is to deliver a toolkit on Nutrition & Food Security. The document will serve as a tool to guide programme planners who are aiming to apply recommendations in the design of community-based Food Security ecosystem strengthening.

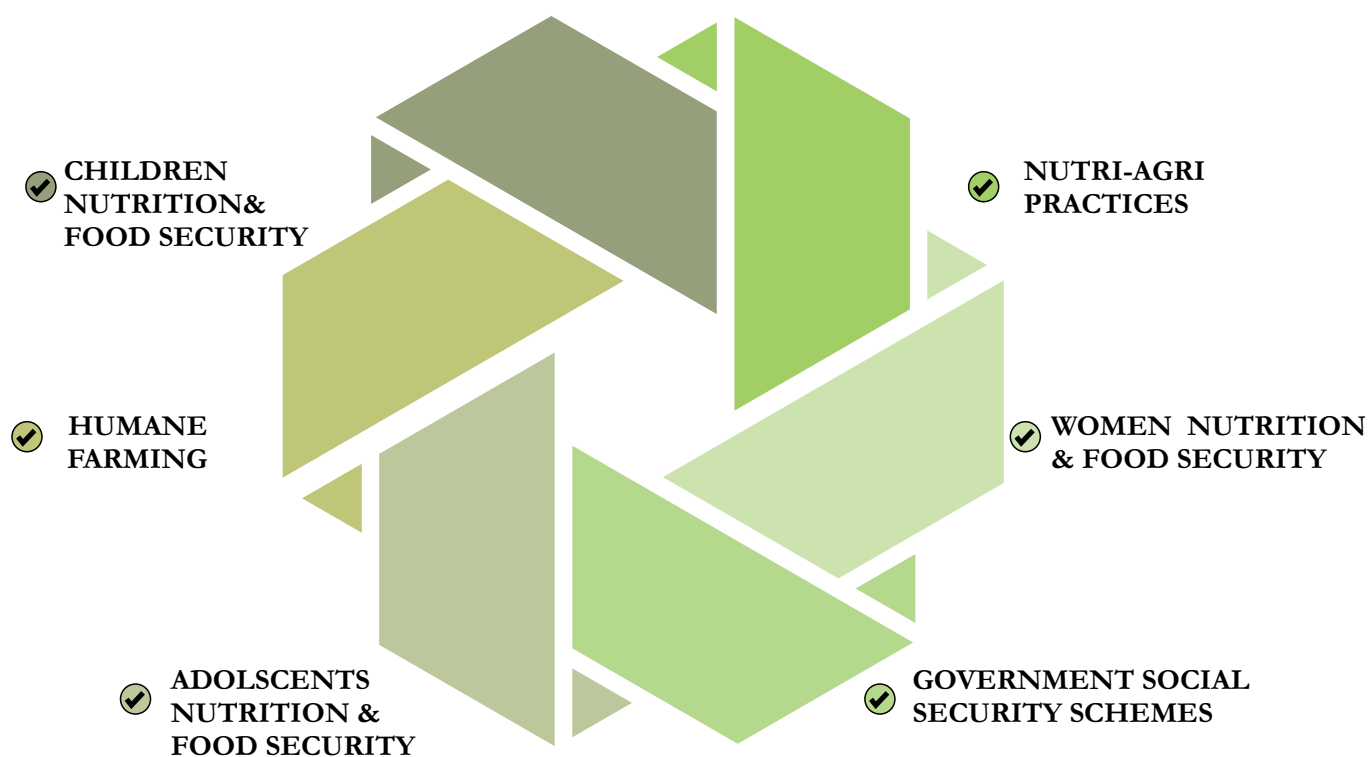
Applicability:

- The toolkits will be utilized by front line worker consisting of ICDS-Aanganwadi worker, ANMs, existing CBOs & committee of the village and partner field level functionaries.
- The toolkit should be helpful in delivering the day-to-day business for the three-tier functionaries.

The tool should build the capacity and enhance the knowledge of the field level functionaries in disseminating the information on various aspect of health and nutrition, functionality of the various available platform in the village to address the issue of food security, sanitation, and hygiene.

- Define the right set of problem need to be addressed with the identified and defined target audience.
- Identified a set of problems and relevant audience for each problem identified through KII, FGDs, SWOT with community partners, service providers and other stakeholders. Audience wise prioritisation is done to facilitate targeting.
- Diagnosed the existing barrier in addressing the persisting problem and available potential in the program intervention area. The content development process has followed a participatory process with the community to identify barriers, gaps and weaknesses in the existing delivery systems and local capacities. It has further gathered potential solutions and identified intervention areas.
- Design the activities/program in the intervention area to tackle the challenges and tap the opportunity available to address the issue.

Tools Coverage:



Introduction

Nutrition has been acknowledged as one of the most important components for healthy upbringing of a child. Nutrition contributes towards better physical health and mental health and to become a healthy citizen of a country. It has been globally acknowledged that nutrition is imperative and crucial for the fulfilment of human rights especially for the most vulnerable groups like children, girls, and women. Nutrition is the foundation of mental physical development of a human being as well as plays a key role in determining productivity.

Undernutrition is cause as well as result of vicious cycle of perpetuating poverty, deteriorating human capital because of intergenerational malnourishment effects on physical and cognitive development. The intergenerational malnourishment has an evident result of low birth weight, and this get compounded because of gender discrimination and social exclusion. Nutrition is directly linked with the economy of a country, and it has been found in “The Global Nutrition Report 2015” that the benefit of investing in nutrition at the critical times of child development give a benefit of 16 times of its investment.

The national and Global sustainable goals cannot be achieved unless undernutrition is not prevented. This must be done as soon as possible and across the life cycle especially in the first 1000 days of the life. As the nutrition directly contribute to maternal and child deaths, it also undermines the learning outcomes of education, impact the productivity of a person, and has impact gender equality.

The results of NFHS-4 and NFHS-5 shows that high maternal and child undernutrition is till at high level and achievement had been very low in the last decade, despite strong Constitutional, legislative policy, plan, and programme commitments. Legislations such as the National Food Security Act 2013 mandating food and nutrition entitlements for children, pregnant and breastfeeding mothers with maternity support and the Infant Milk Substitutes, Feeding Bottles and

Infant Foods (Regulation of Production, Supply and Distribution) Act 1992, and Amendment Act 2003 provide a strong policy framework for protecting, supporting and promoting nutrition interventions – especially during periods of greatest vulnerability for children and women. The National Nutrition Policy 1993, complemented by other policies such as the National Health Policy 2002, the National Policy for Children, 2013 provides a strong foundation for addressing the immediate and the underlying determinants of undernutrition through both direct interventions and indirect interventions. The 12th Year Plan reinforced the commitment to preventing and reducing child undernutrition (underweight prevalence in children 0-3 years), articulated as one of its core monitorable targets, binding multiple sectors and States to collective action.

Child Undernutrition

The children represent not just the present human resource base – but also the future. This resource base is eroded by undernutrition - which undermines their survival, health, cumulative learning capacities and adult productivity and must be urgently addressed. Child Undernutrition remains high, despite improvements over the last decade. There is decrease in stunting in Bihar from 48.3% to 42.9% from NFHS-4 to NFHS-5, similarly there is decrease in percentage of underweight children in NFHS-5 (41%) compared to NFHS-4 (43.9%), while there is increase in wasted and severely wasted children from NFHS-5 compared to NFHS-4. The data of NFHS-4 and NFHS-5 Shows that there is urgent need of investing in child nutrition.

Undernutrition in Women & Girls

Women with low BMI and Anaemia

Recent findings from NFHS-5 highlight that nutritional status of women and girls (in the age group 15-49 years) have gone down in Bihar. There has been a decrease from 30.4% (NFHS-4) to 25.6% (NFHS-5) in the prevalence of women with low BMI.

Anaemia

The status of anaemia among women and girls between 15-49 years of age has increased from 60.4% (NFHS-4) to 63.6% (NFHS-5). It is seen that overall, the levels of anaemia among women and girls have increased over the last five years in the state of Bihar but still at very high level.

Maternal Care (Institutional delivery and ANC)

NFHS-5 findings reveal that there is better care for women during pregnancy and childbirth – contributing to reduction of maternal deaths and improved child survival. The Total Fertility Rate (TFR) or the average number of children per woman has also gone down from 3.4 in NFHS-4 to 3.0 in NFHS-5.

The number of pregnant women who have received more than 4 ANC visits has also gone up by 14.4% in NFHS-4 to 25.2% in NFHS-5. Similarly, more women now opt for institutional delivery and has gone up from 63.8% in NFHS-4 to 76.2% in NFHS-5.

Infant & Young Child Feeding Practices

There has been decrease in the early initiation of breastfeeding rate, from 34.5% in NFHS-4 to 31.1% in NFHS-5 in the state of Bihar. However, Bihar has shown improvement in terms of exclusive breastfeeding, from 53.4% in NFHS-4 to 58.9% in NFHS-5. Children aged between 6-8 months receiving solid or semi-solid food and breastmilk has gone up from 30.8% to 39%.

The Girl Child

The strongly rooted patriarchal society and gender norms is the key to push the girl into an undernourished and anaemic adolescent girl. Because of prevailing strong gender norms and gender inequality, girls are often deprived of adequate health care and nutritional support, educational opportunities, married early before the age of 18 years, which leads to early childbearing and inadequate inter pregnancy interval. This

perpetuates into a vicious cycle of undernutrition and morbidity that erodes human capital through irreversible and intergenerational effects on cognitive and physical development. NFHS 5 findings reveal that around 40.8 per cent of currently married women in the age-group 20-24 years were married before attaining the age of 18 years.

Micronutrient Deficiencies: Vitamin & Mineral Deficiencies

Deficiencies of key vitamins and minerals such as Vitamin A, Iron, Iodine and Zinc continue to coexist and interact with protein and energy deficits and need to be addressed synergistically, through a multipronged approach.

Vitamin A

Sub-clinical Vitamin A Deficiency (VAD) is a well-known cause of morbidity and mortality, especially among young children and pregnant women. The young children suffer low growth rate or limited growth, low immunity because of Vitamin A deficiency. There is evidence and has been proven that Vitamin A supplementation has been successful in reducing the incidence and severity of illness. Required level of Vitamin A is associated with an overall reduction in child mortality, especially from diarrhoea, measles, and malaria. As per NFHS-5, 56% children aged 9-35 months received the six-monthly Vitamin A supplement in the six months before the survey.

Iron

Iron Deficiency Anaemia (IDA) is very common across all age groups, but highest among young children, adolescent girls, pregnant and lactating women. The IDA in pregnant women leads to increased risk of low birth weight or premature delivery, peri-natal and neonatal mortality, inadequate iron stores for the new-born, lowered physical activity, fatigue and increased risk of maternal morbidity. Iron deficiency also impairs growth, cognitive development, and immune function. It reduces the performance level of children in school and makes them less productive as adults.

Anaemia is a major health problem affecting 63.5% of women (15-49 years) and 29.5% of men in Bihar as per NFHS-5. 63.1% of pregnant women were found to be anaemic, as per NFHS-5 in Bihar.

Zinc

Zinc deficiency results in the stunted growth of children. Zinc deficiency compromises the effectiveness of the immune system, increasing the incidence and severity of infections such as diarrhoea disease and pneumonia. Therefore, as per MHFW guidelines, diarrhoea management is envisaged through ORS with zinc supplementation, which is used as a key indicator of programme interventions.

Safe Drinking Water, Sanitation and Hygiene

World Health Organisation (WHO) estimates that 50% of malnutrition is associated with repeated diarrhoea or intestinal worm infections because of unsafe water, inadequate sanitation, or insufficient hygiene. While there has been considerable progress in ensuring safe drinking water, ensuring universal access to sanitation but improving hygiene practices remains a key challenge. Uses of toilet by all at all times in all seasons, hand washing with soap at critical times, solid waste management have become a key challenge in achieving the nutritional outcome.

Safe Drinking Water

Under the scheme MMPNY, every household of Bihar will receive safe drinking water through tap connection. More than 80% of the HHs of Bihar has a tap water connection and getting safe drinking water regularly. However, it is required to aware the community about safe handling of water.

Sanitation & Hygiene

Swachh Bharat Mission has contributed to increasing the percentage of HHs have access to improved sanitation facility, still only 49.4% of HHs have improved sanitation facility, which means more than 50% of the population are defecating in open, which severe implication on

public health especially on child and maternal health and in deciding the nutritional outcome.

Dietary Intake

Because of traditional beliefs, despite of available food, the pregnant women, lactating women, and children are deprived of minimum nutritious food. It has been observed that THR received by the beneficiaries also get distributed among the other family members. Because of strong gender norms, women are the last one in her family to eat, sometimes they do not even get a full meal. The health of women or girl is given low importance. Irregular interval of food intake among the women and skipping breakfast and taking junk food is very common in the community.

The next section of the report provides a detailed analysis of the components, status of focus areas, stakeholder analysis. Based on this analysis we have developed the Audience segmentation, Behavioural analysis (Barriers and Enablers) and BCC Strategy. The analysis and action areas are maintained in tabulated matrix for the easy understanding of all users.

Tools - Component Analysis

The following table provides an overview of the six preidentified areas of intervention, description of the areas and the details of the sub-components to be focused in each area. The clarity of the component and the sub-components will

help the users in further analysis and will provide a clear pathway for understanding / developing the tools. It is expected that the stakeholders will contextualise this table for each location and revise the content wherever necessary.

Component	Description	Sub component
Nutri-agri practices	Nutrition Sensitive agriculture practices is an approach based on very old Indian tradition of keeping kitchen garden called “Badi”. Badi had been an integral part of each HHs of the Indian society in which people used to grow seasonal vegetables and fruits for their own consumption. Badi puts nutritionally rich locally available foods, dietary diversity, and food fortification at the heart of overcoming malnutrition and micronutrient deficiencies.	<ul style="list-style-type: none"> ● Kitchen Garden ● Backyard orchard ● Backyard poultry ● Roof kitchen garden ● Growing seasonal creepers ● Fisheries
Women nutrition & food security	In chronically undernourished women, pregnancy and lactation have an adverse effect on maternal nutritional status. Low pre pregnancy weight and low pregnancy weight gain are associated with low birth weight and all its attendant adverse consequences. NFHS-4 findings reveal that there is better care for women during pregnancy and childbirth - contributing to reduction of maternal deaths and improved child survival.	<ul style="list-style-type: none"> ● Antenatal Care, (Nutritional Supplement ● 4 times ANC check up ● Nutrition during pregnancy) ● Post-natal care and Institutional delivery ● Scheme under PDS ● WASH ● SLWM
Government social security schemes	The food procured by the Food Corporation of India (FCI) is distributed through government regulated fair priced ration shops among the poorer section of the society. This is called the Public Distribution System (PDS). This is the most important step taken by the Government of India towards ensuring food security. Apart, Government also run Mid-Day Meal Scheme in AWC and Schools.	<ul style="list-style-type: none"> ● Schemes under ICDS (SNP) ● Scheme Under Health Department ● Scheme under PDS ● Scheme under agricultural Department ● Scheme under horticultural Department ● Scheme under animal and fisheries Department ● Scheme under animal Husbandry Department

Children nutrition & food security	<p>India is home to the largest number of children in the world. Nearly every fifth young child in the world lives in India. It is estimated that there are about 43 crore children in the age group of 0-18 years. Children and women together constitute around 70% of India's people – representing not just the present human resource base – but also the future. This resource base is eroded by undernutrition - which undermines their survival, health, cumulative learning capacities and adult productivity and must be urgently addressed. In India, undernutrition levels have remained persistently high – especially in utero, in the early years of life, in adolescent girls and in women across the life cycle-especially in disadvantaged /excluded community groups and those living in areas or conditions of high nutritional vulnerability and multiple deprivations.</p>	<ul style="list-style-type: none"> ● Exclusive breastfeeding ● Supplementary food after six months ● Routine immunization ● Schemes under ICDS ● MDM ● Scheme Under Health Department ● Scheme under PDS ● Micro-nutrient Supplement ● WASH ● SLWM
Humane farming	<p>Human farming is a way of animal farming in which animals are raised in more humane way. Human farming refers to minimum provision of proper and clean shelter facilities to cattle for their health as well as for the production of clean milk. They should be sheltered in well-ventilated sheds with roofs so that they are protected from rain, heat and cold. Also, the floor of the cattle shed needs to be sloping so that water logging does not happen, and it remains dry.¹ Humane farming believes that living conditions should allow food animals to live and feed without aggression from other animals, including predators and members of their species.²</p>	<ul style="list-style-type: none"> ● Proper and clean shelter ● Judicious use of antibiotics, hormones, or other substances ● Use of natural diet free from animal products
Adolescents' nutrition & food security	<p>India is home to 253 million adolescents (10 to 19 years) and we stand with them at a crossroad between losing out on the potential of a generation or nurturing them to transform society. As adolescents flourish, so do their communities, and all of us have a collective responsibility to ensure that adolescence is an age of opportunity. Adolescence is a nutritionally vulnerable time when rapid physical growth increases nutrient demands. Dietary behaviours established in adolescence may contribute to nutrition-related problems that have consequences for long-term health.</p>	<ul style="list-style-type: none"> ● Micronutrient supplement (IFA, Vit A, Iodine and Zinc) ● Poshan Mah ● WASH ● Menstrual Hygiene Management ● Vaccination

¹<https://ask.learncbse.in/t/what-do-you-understand-by-humane-farming/26094>

²<https://foodanimalconcernstrust.org/what-is-a-humane-farm>

	<p>Hence, adolescence provides an opportunity to correct nutritional deficiencies that may have occurred in early life and to catch-up on growth, and to establish good dietary behaviours.</p> <p>In India, 40 per cent of girls and 18 per cent of boys are anaemic. Anaemia among adolescents adversely affects growth, resistance to infections, cognitive development, and work productivity.</p> <p>Food fortification plays an essential role in preventing vitamin and mineral deficiencies including iron, folic acid, vitamin A, and iodine.³</p>	
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³<https://www.unicef.org/india/what-we-do/adolescent-nutrition>

Area wise government schemes and benefits

The following table provides a component and sub-component wise tabulation of various Govt. schemes in the project location. Please note that there may be frequent changes in the scheme guidelines and hence the same needs to be considered before preparing for the action. The local team may work out the details of the responsibility to facilitate the process with the

community members. However, based on the mapping of schemes, a list of responsible persons to facilitate the process has been mentioned in the table. The table will help the implementors to facilitate the process to access the government schemes and entitlements by the eligible beneficiaries.

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Nutri-agri practices	Kitchen Garden	Promotion of kitchen Garden in SHGs	Universal	DPM, Jeevika District Agricultural Officer	Project Staff, VO Leader, Vikas Mittr, Kishan Mitra and PRI member
		Roof top Kitchen Garden (Sack Farming)	Universal, subsidy for people living in urban and semi urban area.	DPM, Jeevika District Agricultural Officer	
		School Kitchen Garden-Demonstration	Any school	DPM, Jeevika District Agricultural Officer	
	Orchard	Mission for Integrated Development of Horticulture (MIDH)	Universal	DPM, Jeevika District Horticulture Officer	
	Backyard poultry	National Livestock Mission	Universal	DPM, Jeevika District Animal Husbandry officer	
	Growing seasonal creepers	No Scheme	NA	DPM, Jeevika District Agricultural Officer	
	Fisheries	National Fisheries Development Board (NFDB) and its activities.	Universal	DPM, Jeevika DFO, Animal and Fisheries Department	

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Women nutrition & food security	Antenatal Care, (Nutritional Supplement, ensure dietary diversity, 4 times ANC check up Nutrition during pregnancy), Post-natal care	Anganwadi Services under Umbrella ICDS, Janani Shishu Suraksha Karyakram (JSSK), Home-Based Care for Young Child, Janani Suraksha Yojna (JSY) under National Health Mission, Mamta, Pradhanmantri Matritva Vandan Yojna (PMMVY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Family Planning Services, vaccination	Pregnant and Lactating women	AWW at Anganwadi Level and CDPO at Block Level Primary Health Centre/Referral Hospital, Auxiliary Nurse Midwife (ANM), Health Sub-Centre AWC and Nearest Health Facility	AWW, ASHA, ANM, Project Staff
	Scheme under PDS	Antyodaya Yojna Chief Minister Food Security Scheme (CMFSS) National Food Security Act Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY)	BPL Families	PRI members	PRI members and project staff
	WASH	Swachh Bharat Mission (SBM) School Development Action Plan Bihar Swachh Vidyalay Purushkar	Anyone who do not have individual toilet Schools	Block Coordinator, SBM	PRI, Block Coordinator, Swachhagrahi teachers and project staff
	SLWM	SBM-II	Universal	Block Coordinator, SBM	PRI, Sanitation Supervisor

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Government social security schemes	Schemes under ICDS	Supplementary Nutrition Program (SNP), Wheat Based Nutrition Program (WBNP), AWC cum Creche	SNP: Universal i.e., Pregnant & Lactating women, adolescent girl, and children up to age 6 - 60 months	AWW	AWW
	Scheme Under Health Department	Janani Shishu Suraksha Karyakaram (JSSK), Janani Suraksha Yojana (JSY), Intensified Diarrhoea Control Fortnight (IDCF), Health Check-up & Referral services.	Universal	ASHA, ANM and AWC DPO National Health Mission	ASHA, ANM and AWC
	Scheme under PDS	National Food Security Act	All BPL families in the list of central government	PRI members PRI members	PRI members and Community Mobilizer, Jeevika
Chief Minister Food Security Scheme (CMFSS)		The remaining BPL families who have been kept out of the central government's BPL list			
Children nutrition & food security	Exclusive breastfeeding after six months	Breastfeeding week, Poshan Mah	All lactating women	ASHA, ANM and AWC DPO National Health Mission	ASHA, ANM and AWC, Jeevika and Project staff
	Supplementary food	Annaprasan Day, Poshan Mah	6 Months Old Infant	AWW	AWW
	Routine immunization	Universal Immunisation	Universal	ANM and AWW	ANM and AWW

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Children nutrition & food security	Schemes under ICDS	Growth Monitoring, Weekly iron Folic Acid supplementation (WIFS)	0-6 years Children	AWW	AWW
	Schemes under Ministry of Human Resource Development	Mid-Day Meal scheme	Universal (11-14 Year)	AWW and Teachers	AWW and Teachers
	Scheme Under Health Department	Kishore Swasth Scheme (11yr- 14yr), Facility Based Management of Severely Acute Malnourished Children, Community Based Management of SAM, Management of Diarrhoea with zinc & ORS, Management of Paediatric Anaemia, Adolescent-Friendly Health Clinic (AFHC) or Yuva Clinic under Rashtriya Kishor Swasthya Karyakram (RKSK), Menstrual Hygiene Scheme, Mukhyamantri kanya Utthan Yojna (MKUY)	Universal (11-14 yr)	ASHA, ANM and AWC DPO National Health Mission (NHM)	ASHA, ANM and AWC DPO NHM

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Children nutrition & food security	Scheme under PDS	National Food Security Act Chief Minister Food Security Scheme (CMFSS)	The remaining BPL families who have been kept out of the central government's BPL list All BPL families in the list of central government	PRI members	PRI members and project staff
	WASH	Swachh Bharat Mission	Universal	PRI Members and Block Coordinator	PRI, Block Coordinator, Swachhagrahi teachers and project staff
Humane farming	Proper and clean shelter	National Livestock Mission	Universal	District Animal Husbandry Officer	District Animal Husbandry Officer and project staff
	Judicious use of antibiotics, hormones, or other substances	National Livestock Mission	Universal	District Animal Husbandry Officer	District Animal Husbandry Officer and project staff
	Use of natural diet free from animal products	National Livestock Mission	Universal	District Animal Husbandry Officer	District Animal Husbandry Officer and project staff
Adolescents' nutrition & food security	Vaccination	Rastriya Bal Swasthya Karyakram (RBSK)	Universal (0-18 Yr)	ASHA, ANM and AWW	ASHA, ANM and AWW
	Micronutrient supplement (IFA, Vit A, Iodine and Zinc)	VHSND, THR, Poshan Mah	(11-18 Yr Adolescent Girls)	ASHA, ANM and AWW	ASHA, ANM and AWW

Component	Sub Component	Government Schemes	Eligibility criteria	Nodal Officer	Responsible person to facilitate the process
Adolescents' nutrition & food security	Social protection to the girl-child	Mukhyamantri Kanya Utthan Yojana	0-18 Yr of girls	District Project Officer (DPO) DEO and CS	District Project Officer (DPO) DEO and CS
	Menstrual Hygiene Management	Rastriya Kishor Swasthya Karyakram (RKSK) includes AFHC (Adolescent Friendly Health Clinic), WIFS (Weekly Iron Folic Acid Supplementation) MHS (Menstruation Hygiene Scheme), PE (Peer Educator), AHD (Adolescent Health Day)	Universal (10-19 Yr)	ASHA, ANM and AWW	ASHA, ANM and AWW
	WASH	Swachh Bharat Mission, School Development Action Plan Bihar Swachh Vidyalay Purushkar	Universal	PRI Members and Block Coordinator, Schools	PRI, Block Coordinator, Swachhagrahi teachers and project staff

Status of focus areas

This section provides an in-depth analysis of the components and sub-components and helps in generating a better understanding of the strengths, weaknesses, opportunities and threats for each

component. This analysis may be considered while developing specific plans within the project component.

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Nutri-agri practices	Kitchen Garden	Kitchen Garden had been proved concept	Low willingness Lack of space	Jeevika	Land Holding Pattern
	Orchard	Dedicated mission of central government-MIDH	Lack of Space, stuck with the traditional pattern of orchard	Multiple cropping Jeevika Technical support from DHO	Traditional practice of growing orchard by the farmers
	Backyard poultry	Promoted by National Livestock Mission	Lack of willingness	Jeevika Technical support from District Animal Husbandry	Protection from animals and disease
	Roof kitchen garden	Being promoted by the state government with subsidy	Lack of awareness	Government subsidy	NA
	Growing seasonal creepers	Need very small space	Lack of awareness	Roof can be used	NA
	Fisheries	Promoted by National Fisheries Development Board (NFDB)	Lack of awareness	DFO, Animal and Fisheries Department can train on technical know how Community pond can be used	Absence of robust supply chain

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Women nutrition & food security	Antenatal Care, (Nutritional Supplement 4 times ANC check up Nutrition during pregnancy) post-natal care	Strong network of ASHA and AWW, women are well informed about the prenatal and postnatal care and required nutritional supplements during pregnancy Schemes like Janani Suraksha Yojna (JSY) under National Health Mission, Mamta, Pradhanmantri Matritva Vandan Yojna (PMMVY), Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA), Family Planning Services, Routine Immunization,	Irregular supply of nutritional supplement, Avoidance of routine check-up by the pregnant women. Insecure livelihoods, Strong faith on traditional birth attendant Belief that hospital is required in case of emergency only. Low willingness to avail the services of institutional delivery.	Tapping all the social security schemes, Jeevika, Available services at PHC	Old age myths associated with nutrition during pregnancy and post delivery
	Scheme under PDS	Scheme like Antyodaya Yojna, Chief Minister Food Security Scheme (CMFSS)	Many extreme poor families are out of reach because of required documents	Jeevika, PRI members	Exclusion criteria
	WASH	Swachh Bharat Mission	Traditional belief and practice	BCC Approach, Block Coordinator, SBM	NA
	SLWM	SBM-II	Lack of awareness Block Coordinator, SBM		NA

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Government social security schemes	Schemes under ICDS	Schemes like Supplementary Nutrition Program (SNP), Wheat Based Nutrition Program (WBNP), Home Visit, AWC cum Creche	Timely allotment	Strong system and trained cadre in place	Universalization is still a challenge
	Scheme Under Health Department	Janani Shishu Suraksha Karyakaram (JSSK), Janani Suraksha Yojana (JSY), Intensified Diarrhoea Control Fortnight (IDCF), Health Check-up & Referral services,	Universal	ASHA, ANM and AWC DPO National Health Mission	Traditional practice and beliefs
	Scheme under PDS	Scheme like Antyodaya Ann Yojna, Chief Minister Food Security Scheme (CMFSS)	Many extreme poor families are out of reach because of required documents	Jeevika, PRI members	Exclusion criteria
	MNREGA	Wage employment of 100 days per annum per family. Individual Assets can be created.	Integration of local demand in GPDP	VPRP (Village Poverty Reduction Plan) by Jeevika	Improper data flow
	SLWM	Employment under SBM-II as part of LSBA	Low public participation	Village Action Plan	Improper data flow
Children nutrition & food security	Exclusive breastfeeding	No dependency on supply side	Traditional Beliefs and practice	BCC approach and Jeevika	Sustainability
	Supplementary food after six months	AWC, ASHA, ANM and Jeevika	Knowledge and practice	Scheme like Annaprasan Day	Sustainability

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Children nutrition & food security	Routine immunization	Increased institutional delivery	Hesitancy	Universal Immunisation Programme	NA
	Schemes under ICDS	AWC	Timely allotment	AWW, Jeevika, PRI members	Exclusion criteria
	Schemes under Ministry of Human Resource Development	Mid-Day Meal scheme	Community Monitoring and Social audit	Increased number of child enrolment	NA
	Scheme Under Health Department	Schemes like Kishore Swasth scheme (11 - 14 yr), Facility Based Management of Severely Acute Malnourished Children, Community Based Management of SAM, Management of Diarrhoea with zinc & ORS, Management of Paediatric Anaemia, Adolescent-Friendly Health Clinic (AFHC) or Yuva Clinic under Rashtriya Kishor Swasthya Karyakram (RKSK), Menstrual Hygiene Scheme	Lack of awareness, availability of required documents	NHM, PRI, Jeevika	NA
	Scheme under PDS	Scheme like Antyodaya Yojna, Chief Minister Food Security Scheme (CMFSS)	Many extreme poor families are out of reach because of required documents	Jeevika, PRI members	Exclusion criteria
	Micro-nutrient Supplement	Schemes like Weekly iron Folic Acid supplementation (WIFS)	Timely supply	ASHA, ANM and AWW	Timely supply

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Children nutrition & food security	WASH	Swachh Bharat Mission	Traditional belief and practice	BCC Approach, Block Coordinator, SBM	NA
Humane farming	Proper and clean shelter	National Livestock Mission	Lack of awareness	BCC approach and awareness generation	Traditional Beliefs and practice
	Judicious use of antibiotics, hormones, or other substances	National Livestock Mission	Lack of awareness	BCC approach and awareness generation	Traditional Beliefs and practice
	Use of natural diet free from animal products	National Livestock Mission	Lack of awareness	BCC approach and awareness generation	Traditional Beliefs and practice
Adolescents' nutrition & food security	Vaccination	Universal Immunization Program under NHM	Negligence	ASHA, ANM and AWW	NA
	Micronutrient supplement (IFA, Vit A, Iodine and Zinc)	Scheme for Adolescent Girls (SAG, under Umbrella ICDS) National Deworming Day (NDD, under National Health Mission), National Iron+ Initiative (NIPI, under National Health Mission)	Timely supply	Dedicated national programs	NA
	Poshan Mah	Integration of all nutrition related programs activities.	Yet to become Jan Andolan	Leveraging proper convergence	NA

Component	Sub Component	Strength	Weakness	Opportunities	Threat
Adolescents' nutrition & food security	Social protection to the girl-child (Mukhyamantri Kanya Utthan Yojana)	All girls related program under one scheme.	Conditionality	Greater Coverage	Interdepartmental coordination
	Menstrual Hygiene Management	Schemes like Rastriya Kishor Swasthya Karyakram (RKSK) includes AFHC (Adolescent Friendly Health Clinic), WIFS (Weekly Iron Folic Acid Supplementation) MHS (Menstruation Hygiene Scheme), MKUY	Exclusion criteria Not an environment friendly program	Low level of awareness about environment friendly menstrual absorbent	Still considered as taboos
	WASH	Employment generation under Swachh Bharat Mission and access to WASH facilities.	Traditional beliefs and practices	BCC approach and Awareness generation	Traditional beliefs and practices

Stakeholders Mapping

Stakeholder mapping is one of the major tools which helps in identifying the relevant stakeholders to engage in the programme. A component wise stakeholder mapping is available below, which can

be used in the decision-making process to identify the right stakeholder to engage in bringing the desired changes.

Component	Stakeholder	Stakeholder's level	Influence (High, Medium, Low)	Stakeholder's Interest
Nutri-agri practices	Parents (Male)	Primary	High	Nutrition Promotion
	Parents (Female)	Primary	Low	Nutrition Promotion
	Children	Primary	Medium	Nutrition Promotion
	School Teachers	Secondary	Low	Nutrition Promotion
	ATMA	Tertiary	High	Promotion of technology
	Agriculture Department	Tertiary	High	Promotion of Schemes
	Horticulture Department	Tertiary	High	Promotion of Schemes
	Animal and Fisheries department	Tertiary	High	Promotion of Schemes
	Jeevika	Secondary	High	Promotion of nutrition among the SHG members
Project Staff	Secondary	High	Promotion of Nutrition among the target community	
Women nutrition & food security	Pregnant and lactating women	Primary	High	Nutrition and health
	Male members of the family	Primary	High	Nutrition and health
	In-laws	Primary	Medium	Nutrition and Health Promotion
	ASHA, ANM, AWW	Secondary	High	Nutrition and Health Promotion
	PRI members	Secondary	Medium	Nutrition Promotion
	SHG	Secondary	High	Nutrition and Health Promotion

Component	Stakeholder	Stakeholder's level	Influence (High, Medium, Low)	Stakeholder's Interest
Women nutrition & food security	Faith based Leaders	Secondary	High	Nutrition Promotion
	PDS	Tertiary	Medium	Nutrition Promotion and food security
	Health Department	Tertiary	High	Nutrition and Health Promotion
	ICDS	Tertiary	High	Nutrition and Health Promotion
	Education Department	Tertiary	High	Nutrition promotion
	Rural Development Department	Tertiary	High	Nutrition, Water, sanitation and SLWM Promotion
	PHED	Tertiary	High	Safe drinking water
	Human Development Department	Tertiary	High	Social Security
Government social security schemes	Pregnant and lactating women	Primary	High	Nutrition improvement
	ASHA, ANM, AWW	Secondary	High	Nutrition and Health Promotion
	PRI members	Secondary	Medium	Nutrition Promotion
	SHG	Secondary	High	Nutrition and Health Promotion
	PDS	Tertiary	Medium	Nutrition Promotion and food security
	Health Department	Tertiary	Low	Nutrition and Health Promotion
	ICDS	Tertiary	Low	Nutrition and Health Promotion
	Education Department	Tertiary	Low	Nutrition promotion
Rural Development Department	Tertiary	Low	Nutrition, Water, sanitation and SLWM Promotion	

Component	Stakeholder	Stakeholder's level	Influence (High, Medium, Low)	Stakeholder's Interest
Government social security schemes	PHED	Tertiary	Low	Safe drinking water
	Human Development Department	Tertiary	Low	Social Security
Children nutrition & food security	Pregnant and lactating women	Primary	High	Nutrition promotion
	ASHA, ANM, AWW	Primary	High	Nutrition and health promotion
	Teachers	Secondary	Medium	Nutrition promotion
	PRI members	Secondary	Medium	Nutrition promotion
	SHG	Secondary	Medium	Nutrition promotion
	PDS	Tertiary	Medium	Nutrition Promotion and food security
	Health Department	Tertiary	Medium	Nutrition and Health Promotion
	ICDS	Tertiary	High	Nutrition and Health Promotion
Humane farming	Education Department	Tertiary	Medium	Nutrition promotion
	Community	Primary	High	Nutrition Promotion and food security
	Jeevika	Secondary	High	Nutrition Promotion and food security
	Project Staff	Secondary	High	Nutrition Promotion and food security
	Animal Husbandry Department	Tertiary	High	Promotion of Schemes
	Animal and Fisheries department	Tertiary	High	Promotion of Schemes
Adolescents' nutrition & food security	Adolescent Girls and boys	Primary	High	Nutrition Promotion

Component	Stakeholder	Stakeholder's level	Influence (High, Medium, Low)	Stakeholder's Interest
Adolescents' nutrition & food security	Parents	Secondary	High	Nutrition Promotion
	PDS	Tertiary	Low	Food security
	ICDS	Tertiary	High	Nutrition and Health promotion
	PRI	Tertiary	Low	Nutrition Promotion
	Health Department	Tertiary	Medium	Health promotion

Audience segmentation

This section provides the component wise overview of the existing behavioural pattern and relevant audience to address or engage in bringing the desired changes. The table will help the project

staff in identification of existing behaviour and the key audiences to design the key messages for desired behaviour. It will also support in defining the communication strategy.

Component	Existing Behaviour	Primary Audience	Secondary Audience	Tertiary Audience
Nutri-agri practices	Traditional practice of cropping pattern	Farmers	Kisan Mitra, Jeevika	Agricultural Department
	Absence of crop diversification	Farmers	Kisan Mitra, Jeevika	Agricultural, Horticultural and Animal & Fisheries Department
	Low prevalence of Inter cropping	Farmers	Kisan Mitra, Jeevika	Agricultural, Horticultural and Animal & Fisheries Department
Women nutrition & food security	Dietary diversification is not being maintained for pregnant or lactating women	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Women are the last to eat in the family	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Low consumption of IFA supplementation	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Intake of high carbohydrate food	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Irregular interval of food intake	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Practice open defecation	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Hand washing with soap is not in practice especially at all the 5 critical times	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Ignorance of Personal hygiene	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD

Component	Existing Behaviour	Primary Audience	Secondary Audience	Tertiary Audience
Government social security schemes	THR received from the AWC also distributed in other family members	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS,
	Low consumption of IFA, Calcium, supplementation	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS,
Children nutrition & food security	Low early initiation of breast feeding	Parents and care givers	ASHA, ANM, AWW, VO leader	ICDS and Health Department
	Low exclusive breast feeding	Parents and care givers	ASHA, ANM, AWW, VO leader	ICDS and Health Department
	Timely initiation of supplementary feeding	Parents and care givers	ASHA, ANM, AWW, VO leader	ICDS and Health Department
	Ignorance in consistency and frequency of feeding child	Parents and care givers	ASHA, ANM, AWW, VO leader	ICDS and Health Department
	Intake of high carbohydrate food, packed foods, biscuits, chips, Kurkure etc.	Parents and care givers	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Irregular interval of food intake	Pregnant and lactating women	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Practice open defecation	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Hand washing with soap is not in practice especially at all the 5 critical times	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Ignorance of Personal hygiene	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
Humane farming	Practice of keeping animals at dirty and dark places	Farmers	Block veterinary doctor, Jeevika	Animal Husbandry Department
	Practice of using hormones for speedy growth	Farmers	Block veterinary doctor, Jeevika	Animal Husbandry Department

Component	Existing Behaviour	Primary Audience	Secondary Audience	Tertiary Audience
Humane farming	Practice of Self-medication or use of over-the-counter drugs for animals	Farmers	Block veterinary doctor, Jeevika	Animal Husbandry Department
	Shelters of animals not cleaned properly	Farmers	Block veterinary doctor, Jeevika	Animal Husbandry Department
Adolescents' nutrition & food security	Dietary diversification is not being maintained	Parents	ASHA, ANM, AWW, VO leader	CDS, Health Department, PDS, RDD
	Ignorance for vaccination	Parents	ASHA, ANM, AWW, VO leader	CDS, Health Department, PDS, RDD
	Low consumption of IFA supplementation	Parents	ASHA, ANM, AWW, VO leader	CDS, Health Department, PDS, RDD
	Practice of skipping breakfast	Adolescents and parents	ASHA, ANM, AWW, VO leader	CDS, Health Department, PDS, RDD
	Intake of high carbohydrate food, packed foods, biscuits, chips, Kurkure etc.	Parents	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Irregular interval of food intake	Pregnant	ASHA, ANM, AWW, VO leader	ICDS, Health Department, PDS, RDD
	Practice open defecation	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Hand washing with soap is not in practice especially at all the 5 critical times	Community	ASHA, ANM, AWW, VO leader and Swachchhagrahi	ICDS, Health Department, PDS, RDD
	Ignorance of Personal hygiene	Parents	ASHA, ANM, AWW, VO leader, Teachers, and Swachchhagrahi	ICDS, Health Department, PDS, RDD

Behavioural analysis (Barriers and Enablers) and BCC Strategy

This section provides component wise detailed overview of the behaviour change plan. For each of the existing behaviour, target audience, ideal intervention, barriers to desired behaviour, enablers, influencers, key message / tools with engagement responsibility and platform. The table will help the project staff in development of effective communication tools and most appropriate platform to use it and disseminate the key messages among the community members. Before going to the tables, let us understand the meaning and purpose of each column and the content.

Existing Behaviour: The existing behaviour is determined by analysing the data generated from the inputs received from various stakeholders. Existing behaviour is the status of a particular area / subcomponent as on today. This can be considered as the baseline and used as a reference point by the team to work further on improving the behaviour.

Target Audience: Target audience is the individual / group of people / audience identified to bring the necessary behavioural change. In another words, we want to bring behavioural changes in the target audience to achieve the desired changes at the society level. Target audience in another way is also influencers of change or change actors themselves. The respective stakeholder would interact and engage with a particular target audience to bring desired changes in a particular area.

Ideal Behaviour / Intervention Area: The content in this column can be considered as behavioural change target. This is the ideal behaviour and in practical sense it may or may not be achievable with the existing / improved capacities of the stakeholders within the time available. In many of the cases, ideal behaviour cannot be achieved during the lifetime of the project. Considering the local scenario, each stakeholder may consider revision of this target behaviour. Ideal behaviour is how we expect the target audience to behave in order to achieve the project objectives. If it is an intervention area, it

should be the focus of intervention with the target audience to achieve the desired changes in their behaviour.

Barriers to desired behaviour: The barriers are the challenges that the target audience face in their journey towards achieving ideal behaviour. It is important that the stakeholder responsible any particular

Enablers to desired behaviour: Enablers are the actors / enabling action which could influence the behaviour of the target audience in the desired direction.

Secondary influencers for desired behaviour: Secondary influencers are the enablers who has indirect influence on the behavioural aspects of the target audience. Their action may indirectly influence the desired changes.

What needs to be done: This is the action required to achieve the desired changes.

Tools/ Key Message (KM): This explains the tools used in the action / the messages used for the communication.

Who will do it: It is the person responsible for carrying out the action?

What channels / platforms to be used: It is the medium / location which is used for addressing the target audience.

Nutri-agri practices									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Traditional practice of cropping pattern	Farmers	Adopt Multiple cropping pattern	Traditional beliefs Availability of on ground technical knowledge High input cost Soil don't get time to rejuvenate	Training on technical knowledge and new techniques	Kisan Mitra, Jeevika	Orientat ion	KM: Revisit the cropping pattern. New cropping pattern should be adopted focusing the family nutrition. How new cropping pattern enhances the livelihoods . Tools: Video, Flipcharts, and hand bills	Project Staff, Kisan Mitra, Jeevika and Block Agriculture officer	Farmer's Meeting
						Advocacy with the Agricultural department	NA	Project Staff	NA

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Absence of crop diversification	Farmers	Adopt crop diversification like addition of fruit bearing plants and vegetable crops	Traditional beliefs and lack of awareness Availability of on ground technical knowledge High input cost	Demonstration	Kisan Mitra, Jeevika	Awareness generation	KM: Crop diversification increases the family income. It also overcome the challenges of family nutrition. Tools: Demonstration	Project Staff, Kisan Mitra, Jeevika and Block Agriculture officer	Farmer's Meeting
						Networking with the Agricultural Department	NA	Project Staff	NA
Low prevalence of Intercropping	Farmers	Adaptation of nutrition focused intercropping pattern	Traditional beliefs Availability of on ground technical knowledge High input cost Vulnerable to insect attack	Demonstration	Kisan Mitra, Jeevika	Orientation on new techniques and nutrition focused intercropping	KM: Farmers should add nutritious crops in the existing basket of crops. Tools: Video, flipcharts, and hand bills	Project Staff, Kisan Mitra, Jeevika and Block Agriculture officer	Farmer's Meeting
						Networking with the Agricultural Department	NA	Project Staff	NA

Women and Food Security									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Dietary diversification is not being maintained for pregnant or lactating women	Pregnant and lactating women	Adaptation of dietary diversification (the plate must contain tricolour food i.e., tiranga)	Traditional beliefs and myths like certain food should be avoided during pregnancy and lactating	BCC approach, Jeevika, VHSND, Nudging	ASHA, ANM, AWW, VO leader	Family Meetings	KM: The food must contain items from at least 6 food out of 10 food group. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika and AWW	House of the beneficiaries and AWC
						Orientat ion of ASHA, ANM, AWW and VO Leader	KM: Importance of diversification of food for better nutrition. Importance of	Project staff	AWC, VHSND

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Women are the last to eat in the family	Pregnant and lactating women	Equal distribution of diet as per appetite should be practiced in the family.	Social custom and values	Seeding gender concept, Nudging	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Gender Norms and Equity Importance of nutrition during the first 1000 days. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika and ASHA	House of the beneficiaries
Low consumption of IFA supplementation	Pregnant and lactating women	IFA supplementation should be taken as per the advice of doctor.	Negligence and formation of gas after consumption of IFA	VHSND	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Importance of IFA and other micronutrients for better mental and physical growth of the child. Importance of fight against Anaemia. Tools: Flip Chart, Short Video, Hand bills	Project Staff, ASHA AWW, and ANM	House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Intake of high carbohydrate food.	Pregnant and lactating women	The food must have balanced diet. Tricolour food should be adopted.	Lack of awareness and knowledge.	BCC approach, Jeevika, VHSND, Nudging	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Importance of balanced diet. Disadvantage of high intake of carbohydrate and saturated fat. Tools: Flip Chart, Short Video, Hand bills	Project Staff and ASHA	House of the beneficiaries
Irregular interval of food intake	Pregnant and lactating women	Food must be taken at regular interval.	Lack of awareness and knowledge.	IEC, IPC, Jeevika	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Three major meals should be taken per day and one additional meal for pregnant and lactating women. Tools: Flip Chart, Short Video, Hand bills	Project Staff and ASHA	House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Practice open defecation	Community	Use of latrine at all times at all seasons by all members of the family.	Lack of latrines, Lack of space to construct latrines, lack of financial resources to construct latrine	Incentive under SBM	ASHA, ANM, AWW, VO leader, School Teacher, and Swachhagrahi	Community Meetings and family meetings	KM: Importance of improve sanitation for health, F- diagram of faecal-oral transmission, diseases caused because of OD, impact on livelihoods and incentives under LSBA. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachhagrahi	Gram Sabha, Schools and House of the beneficiaries

Women and Food Security									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Hand washing with soap is not in practice especially at all the 5 critical times	Community	Hand washing with soap and clean water should be at 5 critical times.	Habit, Absence of handwashing platform, availability of soap lactating	BCC Approach, Schools, AWC,	ASHA, ANM, AWW, VO leader and Swachchhagrahi	Community Meetings and Demonstration	KM: Importance of hand washing with soap and its relationship with diarrhoea respirator infection etc. and relation with nutrition. Tools: Flip Chart, Short Video, Hand bills	Project Staff, School Teachers, Swachchhagrahi and project staff	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries
Ignorance of Personal hygiene	Community	Use of clean and hygiene absorbent during menstruation. Hand Washing with soap after change of pad and any absorbent and after handling of child feces	Habit, Taboos associated with menstrual Hygiene	BCC Approach, Schools, AWC	ASHA, ANM, AWW, VO leader and Swachchhagrahi	Community Meetings and Demonstration	KM: Importance of personal and its relationship with diseases and nutrition. Taboos associated with menstruation and myth buster. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachchhagrahi	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries

Government social security schemes									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
THR received from the AWC also distributed in other family members	Pregnant and lactating women	THR received from the AWC should be consumed by the beneficiary only.	Gender norms	Community institutions	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Redefining Gender norms. Why THR is important for pregnant women. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Low consumption of IFA, Calcium, supplementation.	Pregnant and lactating women	Consumption of IFA, Calcium supplementation should be in prescribed amount.	Reluctance, Ignorance	AWW and Jeevika	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Importance of micronutrient supplements for pregnant women and adolescents. Why THR is important for pregnant women. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Children nutrition & food security									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Low early initiation of breast feeding	Parents and care givers	Colostrum feeding and early initiation within an hour of birth.	Knowledge and beliefs	Services providers during institutional delivery	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Colostrum feeding and early initiation within an hour of birth is the foundation of child health. It acts as shield from many diseases. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Low exclusive breast feeding	Parents and care givers	Exclusive breast feeding till six months	Knowledge and beliefs	Parents, Care Givers, and Jeevika	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Protect the child from diarrhoea and reduces the economic burden on family. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Timely initiation of supplementary feeding	Parents and care givers	Initiate supplementary feeding with mother milk after six months.	Knowledge and beliefs	Parents, Care Givers, and Jeevika	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Supplementary food after six months fulfils the required increased of energy requirement. It boosts the physical and mental growth of child. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Ignorance of right consistency food for child.	Parents and care givers	The Child food should be in right consistency.	Knowledge and beliefs	AWC, Jeevika, Faith group leaders	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Consistency provides required nutrition to the child. It boosts the physical and mental growth of child. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Intake of high carbohydrate food, packed foods, biscuits, chips, Kurkure etc.	Parents and care givers	Balanced diet should be given to the child as per prescribed food groups for child.	Knowledge and beliefs. Easy to feed with packed foods. Children are being looked after by the elder siblings when the mother is out for work.	AWC, Jeevika, Faith group leaders Annaprasan day	ASHA, ANM, AWW, VO leader	Family Meetings	KM: If the child's stomach gets filled with the junk food, S/he will be reluctant to take nutritious food. Junk foods are not good for child health. Serve only home cooked food only. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Irregular interval of food intake	Pregnant and lactating women	Timely intake and one additional meal for pregnant and lactating women	Knowledge and Gender norms	AWC, Jeevika, Faith group leaders Annaprasan day, Family members	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Pregnant and lactating women need additional energy. Timely food intake will fulfill the required additional energy. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Practice open defecation and unsafe disposal of child faeces	Community	Use of latrine at all times at all seasons by all members of the family.	Lack of latrines, Lack of space to construct latrines, lack of financial resources to construct latrine	Incentive under SBM	ASHA, ANM, AWW, VO leader and Swachhha grahi	Community Meetings and family meetings	KM: Importance of improved sanitation for health, F-diagram of faecal-oral transmission, diseases caused because of OD, impact on livelihoods and incentives under LSBA. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachhha grahi	Gram Sabha and House of the beneficiaries
Hand washing with soap is not in practice especially at all the 5 critical times	Community	Hand washing with soap and clean water should be at 5 critical times.	Habit, Absence of handwashing platform, availability of soap	BCC Approach, Schools, AWC,	ASHA, ANM, AWW, VO leader and Swachhha grahi	Community Meetings and Demonstration	KM: Importance of hand washing with soap and its relationship with diarrhoea, respiratory infection etc. and relation with nutrition. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachhha grahi	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Ignorance of Personal hygiene	Community	Use of clean and hygiene absorbent during menstruation. Hand Washing with soap after change of pad and any absorbent .	Habit, Taboos associated with menstrual Hygiene	BCC Approach , Schools, AWC	ASHA, ANM, AWW, VO leader and Swachchha grahi	Community Meetings and Demonstration	KM: Importance of personal and its relationship with diseases and nutrition. Taboos associated with menstruation and myth buster. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachchh agrahi	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries

Humane farming									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Practice of keeping animals at dirty and dark places	Farmers	Animal should be kept at hygienic and well-ventilated shelter.	Traditional beliefs and practices and knowledge	BCC approach	Block veterinary doctor, Jeevika	Community Meetings and Demonstration	KM: Importance of clean and hygienic shelter for better growth and yield. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Kishan Mitra and Block Animal Husbandry officer/ Veterinary doctor	Gram Sabha
Practice of using hormones for speedy growth	Farmers	Judicious use of hormones antibiotics, and any other substance	Traditional beliefs and practices and knowledge	BCC approach	Block veterinary doctor, Jeevika	Community Meetings and Demonstration	KM: Non judicious use of hormones, antibiotics and any other substance is harmful for the health of animal as well as to the people using its product of such animals. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Kishan Mitra and Block Animal Husbandry officer/ Veterinary doctor	Gram Sabha

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Practice of Self-medication or use of over-the-counter drugs for animals	Farmers	Veterinary doctors should be consulted to treat sick animals	Traditional beliefs and practices and knowledge	BCC approach	Block veterinary doctor, Jeevika	Community Meetings	KM: Sometimes practice of Self-medication or use of over-the-counter drugs for animals become fatal and harms the animals. Veterinary doctors should be consulted to treat sick animals Tools: Flip Chart, Short Video, Hand bills	Project Staff, Kishan Mitra and Block Animal Husbandry officer/ Veterinary doctor	Gram Sabha

Adolescents' nutrition & food security									
Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Dietary diversification is not being maintained for adolescents	Parents	Adaptation of dietary diversification	Traditional beliefs and myths like certain food should be avoided during menstruation	BCC approach, Jeevika, VHSND and Nudging	ASHA, ANM, AWW, VO leader	Family Meetings	KM: The food must contain items from at least 6 food groups out of 10 food groups. Iron and protein rich food should be in food intake. Tools: Flip Chart, Short Video, Hand bills	Project Staff, and AWW	House of the beneficiaries and AWC
						Orientati on of ASHA, ANM and AWW	KM: Importance of diversification of food for better nutrition. Importance of Nutrition for better mental and physical growth of the child. Tools: Flip Chart, Short Video, Hand bills	Project staff	AWC, VHSND

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Ignorance for vaccination	Parents	Tetanus vaccination	Ignorance and negligence Lack of knowledge	BCC approach and VHSND	ASHA, ANM, AWW, VO leader	Orientalion of ASHA, ANM and AWW	KM: Risk of getting tetanus increases during menstruation. Tetanus vaccination will reduce the risk of tetanus. Tools: IPC	Project staff	AWC, VHSND
Low consumption of IFA supplementation	Parents	IFA supplementation should be taken as per the advice of ANM.	Negligence and formation of gas after consumption of IFA	VHSND	ASHA, ANM, AWW, VO leader	Family Meetings	KM: Importance of IFA supplements for prevention of Anaemia among adolescents. Ill effects of Anaemia in physical-mental growth and productivity. Tools: Flip Chart, Short Video, Hand bills	Project Staff, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Practice of skipping breakfast	Adolescents and parents	Intake of breakfast per day.	Lack of awareness	IEC	ASHA, ANM, AWW,	Family Meetings	KM: Breakfast controls the metabolism of the body. Skipping breakfast will contribute towards obesity or underweight. Breakfast keeps a person energetic for the whole day. Tools: Flip Chart, Short Video, Hand bills	Project Staff, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Intake of high carbohydrate food, packed foods, biscuits, chips, Kurkure etc.	Parents	Balanced diet should be given to the adolescents as per prescribed food groups for Adolescents.	Lack of Knowledge	AWC, Jeevika, Faith group leaders	ASHA, ANM, AWW,	Family Meetings	KM: If the adolescent's stomach get filled with the junk food, S/he will be reluctant to take nutritious food. Junk food is not good for health and may lead to obesity. Serve only home cooked food only. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Irregular interval of food intake	Adolescents and parents	Three major meals shall be taken per day.	Gender Norms, Carelessness, non-important	IEC	ASHA, ANM, AWW,	Family Meetings	KM: Pregnant and lactating women need additional energy. Timely food intake will fulfill the required additional energy. Tools: Flip Chart, Short Video, Hand bills	Project Staff, Jeevika, ANM, ASHA and AWW	VHSND, AWC, SHG Meetings and House of the beneficiaries
Practice open defecation	Community	Use of latrine at all times at all seasons by all members of the family.	Lack of latrines, Lack of space to construct latrines, lack of financial resources to construct latrine	Incentive under SBM	ASHA, ANM, AWW, VO leader and Swachhagrahi	Community Meetings and family meetings	KM: Importance of improved sanitation for health, F-diagram of faecal-oral transmission, diseases caused because of OD, impact on livelihoods and incentives under LSBA. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachhagrahi	Gram Sabha, Schools and House of the beneficiaries

Existing Behaviour	Target Audience	Ideal Behaviour /Intervention Area	Barriers to desired behaviour	Enablers to desired behaviour	Secondary influencers for desired behaviour	What needs to be done	Tools/ Key Message (KM)	Who will do it?	What channels/ platforms to be used?
Hand washing with soap is not in practice especially at all the 5 critical times	Community	Hand washing with soap and clean water should be at 5 critical times.	Habit, Absence of handwashing platform, availability of soap	BCC Approach , Schools, AWC,	ASHA, ANM, AWW, VO leader and Swachchhagrahi	Community Meetings and Demonstration	KM: Importance of hand washing with soap and its relationship with diarrhoea, respiratory infection etc. and relation with nutrition. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachchhagrahi	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries
Ignorance of Personal hygiene	Community	Use of clean and hygiene absorbent during menstruation. Hand Washing with soap after change of pad and any absorbent .	Habit, Taboos associated with menstrual Hygiene	BCC Approach , Schools, AWC	ASHA, ANM, AWW, VO leader and Swachchhagrahi	Community Meetings and Demonstration	KM: Importance of personal and its relationship with diseases and nutrition. Taboos associated with menstruation and myth buster. Tools: Flip Chart, Short Video, Hand bills	Project Staff and Swachchhagrahi	Gram Sabha, VHSND, Schools, AWC and House of the beneficiaries

Behaviour Change objectives

The team may use the following table to work out specific plans and indicators for the project. It is important to set indicators based on the local

situation and capacities of the team and stakeholders.

Area	Specific Objectives	Indicators	Years			
			Y1	Y2	Y3	Y4
Nutri-agri practices	To promote nutri-agri practices through Kitchen Garden, Backyard poultry, Growing seasonal creepers, sack farming and Fisheries.	.... number of kitchen garden promoted.				
		.... number of backyard poultry promoted.				
		.... number of HH growing seasonal creepers and sack farming.				
		.... number of fisheries units promoted.				
Women nutrition & food security	To increase in Dietary diversity, 4 times ANC check-up, Institutional Delivery THR beneficiaries To increase the number of PDS beneficiaries To increase the number of HH with improved sanitation facilities and access to safe drinking water. To increase the knowledge about segregation of solid waste at HH level. To increase improved knowledge and practices on hygiene and healthy eating.	Increase the dietary diversity up to 30%.				
		Increase the number of 4 ANC check-up up to 50%.				
		Increase in institutional delivery up to 75%.				
		Increase in THR beneficiaries up to 90%				
		10% left out eligible PDS beneficiaries added to the scheme.				
		100% HHs have access to improved sanitation facilities and access to safe drinking water.				
		100% HH have knowledge of waste segregation and management of organic waste.				
		Up to 30% increase in HHs having improved knowledge and practices on hygiene and healthy eating, compared to baseline.				
Government social security schemes	To increase employment access under MNREGA.	20% increase in number of Job card holders in getting 100 days employment.				
	Increase in number of IHHL in the community under SBM-II and its usages.	....number of nutri-friendly infrastructure created.				
		....number of creche at MANREGA work site				

Area	Specific Objectives	Indicators	Years			
			Y1	Y2	Y3	Y4
Government social security schemes	Increase number of HHs having knowledge about SLWM.	....number of mahila mate deputed.				
		....number of IHHL constructed.				
	To increase the participation of community in SLWM initiatives.	100% HHs access to improved sanitation and its usage.				
		....number of soak pit constructed for grey water management				
	To increase number of HHs accessing the safe drinking water under MMPNY	....number of women got job in SLWM initiatives.				
		100% HHs have tap connection under MMPNY				
	Increase the number of women with increase in nutrition related knowledge with the support of Jeevika.	....% of women attended the SBCC session on nutrition conducted by Jeevika.				
Children nutrition & food security	To increase the percentage of exclusive breastfeeding in the community.	Increase the percentage of exclusive breast feeding up to 70%.				
	To increase the percentage of intake of supplementary food after six months.	Increase up to 70%, intake of supplementary food among the children after six months.				
	To ensure 100% coverage of Routine immunization among the children.	Increase up to 100% coverage of Routine immunization among the children.				
	Increase the intake of Micro-nutrient Supplement among the children.	Increase up to 80%, intake of micronutrient supplement being provided by ICDS and Health department.				
	To reduce the cases of MAM/SAM in the intervention area.	Up to 20% reduction of MAM/SAM cases in the intervention area.				

Area	Specific Objectives	Indicators	Years			
			Y1	Y2	Y3	Y4
Humane farming	To increase the number of HHs providing well ventilated and clean shelter.	.... number of shelters improvised.				
		.... number of farmers having improved knowledge about judicious use of antibiotics, hormones, or other substances.				
	To increase the number of farmers practicing the	.... number of farmers educated on use of natural diet free from animal products.				
Adolescents' nutrition & food security	To increase in TT vaccination among adolescents	.... Up to 10% increase in TT vaccination among adolescents compared to baseline.				
	Micronutrient supplement (IFA, Vit A, Iodine and Zinc)	.... up to 20% increase in IFA consumption among the adolescents compared to baseline.				
		.... number of HHs oriented on gender norms and equity.				
	Social protection to the girl-child	.... number of adolescents oriented on safe management of menstruation.				
	Menstrual Hygiene Management	.... number of adolescents practicing safe and hygienic methods during menstruation.				

Communication Approach for the target groups

Target group wise communication approach is planned to have better understanding the

communication approach required for each stakeholder.

Target Group and Key Stakeholders	Communication Approach	Brief Description/Justification
Parents (Men and Women)	Family meeting, IPC	Greater knowledge and participation family and ensure male engagement
Caretaker (Grand Parents and Siblings)	Family meeting, IPC	As a gate keeper they should be informed and convinced.
Adolescents and women	Group Meeting	Imparting Knowledge through SBC approach
Caregivers (ASHA, ANM, AWW)	Stakeholders Orientation	Line list of target beneficiaries will be completed
Teachers	Orientation	Reinforcement of key messages
Community Influencers	Sensitization	Accelerate the process
Community Institutions (Jeevika)	BCC	Reinforcement of key messages and mass awareness
ICDS	Advocacy	Office order for AWW
Health Department	Advocacy	Office order for ASHA and ANM
Education Department	Advocacy	Office order for Nodal Teachers
Rural Development Department	Advocacy	Office order for toilet construction, VAP for SLWM and MMPNY
PHED	Advocacy	Office order for safe drinking water in quality affected area
Human Development Department	Advocacy	Office order for listing of left out eligible HHs for Antyodaya Ann Yojna
Farmers	Orientation	Adaptation of new techniques of agriculture
Kisan Mitra	Orientation	Promote Kitchen Garden and support in accessing the related schemes
ATMA	Advocacy (Convergence and liaison)	Promote scientific farming, techniques, and technology

Target Group and Key Stakeholders	Communication Approach	Brief Description/Justification
Agriculture Department	Advocacy (Convergence and liaison)	Promote nutrition focused crop diversification and inter cropping.
Horticulture Department	Advocacy (Convergence and liaison)	Promote nutrition focused plantation.
Animal and Fisheries department	Advocacy (Convergence and liaison)	To build the capacity for effective implementation
Project Staff	Training and orientation	

Capacity building Plan

In order to be successful in the initiatives planned under the program, it is important that stakeholder

wise plan is generated with defined requirements.

Participants	Topics of capacity building	What needs to be done? (Orientation, workshop or training)	Who will do it?	What channels/ platforms to be used?	Required training materials?
Primary Audience/ Stakeholders					
Farmers	Schemes of Agricultural Department, Horticulture department, Animal & fisheries Department and Animal Husbandry department. New Techniques and Technology. Kitchen Garden, Bag Farming, Organic Farming and Compost production. Cropping Pattern, Crop diversification and Inter cropping	Orientation	Block level or district level officers of Agricultural Department, Horticulture department, Animal & fisheries Department and Animal Husbandry department.	VRPs, Farmer's club	IEC materials, PPTs, Videos, Projector, Sound System, Chart Paper etc.
Secondary Audience					
Project Staff	Importance of nutrition for mental physical growth and productivity. Relation of nutrition with child wasting, stunting and under wight. Identification of MAM/SAM. Referral System. Introduction to Bihar specific schemes related to nutrition and food security. National Nutrition Mission. Food Groups. Nutri-WASH BCC	Training	Resource person from ICDS or subject matter specialist	Induction, Review meetings, Capacity Building Plans	Training Manuals IEC materials, PPTs, Videos, Projector, Sound System, Chart Paper etc.

Participants	Topics of capacity building	What needs to be done? (Orientation, workshop or training)	Who will do it?	What channels/ platforms to be used?	Required training materials?
Secondary Audience					
Teachers	Importance of nutrition for mental physical growth and productivity. Adolescent Nutrition Nutri-Garden	Orientation	Project Staff or Resource person	Cluster Meetings	Training Manuals IEC materials,
Community Influencers	Importance of nutrition for mental physical growth and productivity.	Orientation	Project Staff or Resource person	Village / Tola Meetings	Training Manuals IEC materials,
Kisan Mitra	Agri-Nutri Linkage Nutrition sensitive pathway	Training	Project Staff or Resource person	Farmer's Club	IEC materials, PPTs, Videos, Projector, Sound System, Chart Paper etc.

Role and responsibilities of key stakeholders

A detailed analysis of the roles and responsibilities and the competency requirement of the

stakeholders will help in developing practical and achievable plans.

Stakeholders	Roles and Responsibilities	Competencies required
Project Staff (Field Staff)	<ul style="list-style-type: none"> • Community Mobilization <ul style="list-style-type: none"> ◦ Social mobilization through community meetings, Family meetings and other IEC activities ◦ Counselling • Conduct Orientation meeting (Farmers, Parents, PRIs etc.) as per capacity building plan and communication plan • Coordination with AWW, ANM, ASHA, Kishan Mitra, PRI members • Fill up program MIS (Monthly) 	<ul style="list-style-type: none"> • Community mobilization • Communication (IPC and BCC) • Convergence
Project Staff (District Coordinator)	<ul style="list-style-type: none"> • Support in community mobilization • Supportive supervision of field staff • Preparation of capacity building plan and communication plan • Liaison and coordination with CDPO (ICDS), District / Block Agriculture Officer, District / Block Animal Husbandry Officer, District / Block Fishery Officer, DPO-NHM, DPM-Jeevika • Prepare progress report (Monthly, Quarterly and Yearly) 	<ul style="list-style-type: none"> • Create visibility of the program at district level. • Liaison and coordination • Documentation • Program understanding • Deep understanding of National Nutrition Mission

Exiting role and responsibilities of stakeholders and area of convergence

The following table provides description of the roles and responsibilities of the stakeholders and area of convergence for each stakeholder.

Stakeholders	Roles and Responsibilities	Area of convergence
AWW	<ul style="list-style-type: none"> • Sensitization of community and facilitate in referral of SAM and MAM • Follow up and management of MAM and SAM cases returned from the Nutrition Rehabilitation Centre (NRC) • Ensure distribution of THR and its consumption by the beneficiaries 	<ul style="list-style-type: none"> • Support AWW in awareness generation. • Support AWW in promoting nutrition in the community. • Support AWW in identification of and management of MAM and SAM cases
ASHA	<ul style="list-style-type: none"> • Sensitization of community and facilitate in referral of SAM and MAM • Follow up and management of MAM and SAM cases returned from the Nutrition Rehabilitation Centre (NRC) • Facilitate antenatal care, post-natal care, institutional delivery, and routine immunization. 	<ul style="list-style-type: none"> • Support ASHA in awareness generation and counselling of beneficiaries. • Support ASHA in extending her services to the beneficiaries. • Support ASHA in identification of SAM/MAM and facilitate the referral.
ANM	<ul style="list-style-type: none"> • Routine immunization and • Counselling 	<ul style="list-style-type: none"> • Linking left out at VHSND for routine immunization. • Support ANM in counselling.
PRI	<ul style="list-style-type: none"> • Preparation of Village Development Plan • Ensure convergence with governments schemes and entitlements. • Ensure maximum benefits from MNREGA 	<ul style="list-style-type: none"> • Support project staff in listing of left out eligible HHs with Chief Minister Food Security Scheme (CMFSS) or Antyodaya Ann Yojna.
Village Health, hygiene and Sanitation committee	<ul style="list-style-type: none"> • Organize timely VHSND • Organizing different stakeholders on common platform • Use of untied fund for community awareness and organizing campaign. 	<ul style="list-style-type: none"> • Mobilize beneficiaries to participate in VHSND.
Ward Level Monitoring and Implementation Committee (WIMC)	<ul style="list-style-type: none"> • Ensure regular supply of safe drinking water to each HHs. 	<ul style="list-style-type: none"> • Support WIMC in creating awareness for user charges and community-based O&M of water supply scheme.

Stakeholders	Roles and Responsibilities	Area of convergence
Rural development department/ District Water and Sanitation committee	<ul style="list-style-type: none"> • Ensure construction of IHHL and its usage • Ensure participation and engagement of community member in preparation and implementation of Village Action Plan (VAP) for SLWM. 	<ul style="list-style-type: none"> • Generate awareness for toilet construction and its regular use. • Support GP in preparation of VAP for SLWM
Health Department	<ul style="list-style-type: none"> • Ensure timely supply of micronutrient supplements to AWC and VHSND site 	<ul style="list-style-type: none"> • Coordination with health department and provide ground insights.
Education Department	<ul style="list-style-type: none"> • Demonstration of nutritional garden • Awareness generation on uses of toilet, hand washing with soap and personal hygiene 	<ul style="list-style-type: none"> • Coordination with schools for creation of nutri-garden. • Extend technical support in creation of nutri-garden. • Support in organizing WASH theme-based activities in the school to generate awareness on uses of toilet, hand washing with soap, personal hygiene, and segregation of waste. • School Development Plan.
ICDS	<ul style="list-style-type: none"> • Ensure timely supply of micronutrient supplements and required equipment for measurement of child nutrition. • Identification of malnourished children, SAM and MAM 	<ul style="list-style-type: none"> • Coordination with ICDS and provide ground insights.
Horticulture Department/ Agriculture Department	<ul style="list-style-type: none"> • Support in extending technical knowledge and new techniques of agriculture focused on nutrition. 	<ul style="list-style-type: none"> • Coordination with departments in organizing orientation of farmers.

Conclusion

Caritas India has entrusted Greenpro Natura Consultants (OPC) Pvt. Ltd. to prepare handbook for nutrition and food security under Global Program India. This toolkit covers the important aspects of food and nutrition security viz. nutri-agri practices, women nutrition & food security, government social security schemes, children nutrition & food security, humane farming, adolescents' nutrition & food security. Tools are developed for each of these areas using simple matrices for effectively communicating the content.

This handbook can be used by all relevant stakeholders in the planning and execution of nutrition and food security initiative at their respective levels. It is intended to be utilized by frontline worker consisting of ICDS-Aanganwadi worker, ANMs, existing CBOs & committee of the village and partner field level functionaries. The handbook will be helpful in delivering the day-to-day business for the three-tier functionaries.

The tools will help in building the necessary capacities of the field level functionaries. It is intended to enhance the knowledge and skills in disseminating the information on various aspect of health and nutrition, functionality of the various available platform in the village to address the issue of food security, sanitation, and hygiene.

The document will serve as a tool to guide programme planners who are aiming to apply recommendations in the design of community-based Food Security ecosystem strengthening. Stakeholders can derive their roles and responsibilities, desired capacities, and plan for the action to bring desired behavioural changes.

This handbook can be used in other areas after realigning it in the local context. The handbook needs to be updated periodically to address the context, policy, and program level changes.

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ANNEXURES

Annexure I:

Pointers of FGD for different stakeholders

Annexure II:

Pointers for FGD with Community members (Lactating women, pregnant women, Parents of adolescents)

Annexure III:

Pointers for FGD with Male Members

Annexure I: Pointers of FGD for different stakeholders

- Concept as per project intervention (Strategy)
- Understanding about the importance of nutrition among the children.....
- Who are the stakeholders for promotion of nutrition?
- Institutional mapping (3A's: accessibility and availability and affordability)
- Rights and entitlements of government schemes
- Local nutrition practices. (Feeding pattern, breast feeding, supplementary feeding, occasion based, etc.)
- Myths around nutrition, area of myths (feeding pattern, breast feeding, supplementary feeding, occasion based, etc.)
- Sources of nutrition from agriculture in the community.
- Myths around the link between immunization and nutrition.
- WASH strategy to improve the sanitation in the intervention area (WASH for nutrition)
- Supplementary feeding
 - Consistency
 - Frequency
 - Diversity
 - Children (6 to 24 months)- 4 out of 8 food group (Breast milk Grains, roots, and tubers, Legumes and nuts, Dairy products, Flesh foods, Eggs, Vitamin A rich fruits and vegetables, other fruits and vegetables)
 - Other 6 out of 10

Annexure II: Pointers for FGD with Community members (Lactating women, pregnant women, Parents of adolescents)

Lactating women:

- Feeding pattern, breast feeding, supplementary feeding, occasion based, etc and immunization
- Myths around nutrition, area of myths (feeding pattern, breast feeding, supplementary feeding, occasion based, etc.)
- Mother's nutrition pattern (Myths, feeding pattern, 3A's: accessibility and availability and affordability)
- Sources of nutrition from agriculture in the community. (Hint: nutria fruit, vegetable, cereals, milk, meat egg, as per local environment and climate)
- Rights and entitlements of government schemes
- WASH behaviours being followed by the community

Parents of adolescents:

- Feeding pattern, supplementary feeding, occasion based, etc. and immunization
- Myths around nutrition, area of myths (feeding pattern, supplementary feeding, occasion based, etc.)
- Sources of nutrition from agriculture in the community. (Hint: nutria fruit, vegetable, cereals, milk, meat egg, as per local environment and climate)
- Rights and entitlements of government schemes
- WASH behaviours being followed by the community

Pregnant women:

- Feeding pattern, supplementary feeding, occasion based, etc. and immunization
- Myths around nutrition, area of myths (feeding pattern, supplementary feeding, occasion based, etc.)
- Sources of nutrition from agriculture in the community. (Hint: nutria fruit, vegetable, cereals, milk, meat egg, as per local environment and climate)
- Nutrition pattern (Myths, feeding pattern, 3A's: accessibility and availability and affordability)
- WASH behaviours being followed by the community
- Routine checks up
- Rights and entitlements of government schemes

Annexure III: Pointers for FGD with Male Members:

- Feeding pattern, breast feeding, supplementary feeding, occasion based, etc and immunization
- Myths around nutrition, area of myths (feeding pattern, breast feeding, supplementary feeding, occasion based, etc.)
- Mother's nutrition pattern (Myths, feeding pattern, 3A's: accessibility and availability and affordability)
- Sources of nutrition from agriculture in the community.
- Rights and entitlements of government schemes
- WASH behaviours being followed by the community
- What are the local nutri-agri practices?
- SWOT of nutrition specific and nutrition focused institutional arrangement
- Community engagement in nutrition promotion
- Role of community-based institution in community-based nutrition promotion and strengthening delivery mechanism of government institutions.



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