



SCALING RESILIENCE

Module for Building Nutritional
Resilient Systems and Practices

PREFACE

The effectiveness of Community-Based Nutrition Programs (CBNP) for enhancing the nutrition status of children and mothers has been largely established in the past few years. The type and extent of community involvement and participation are the success indicators of the program. For this, the program's approaches need to undergo a shift to enable the local community to emerge as change makers or actors rather than merely act as passive recipients.

Nutrition activities can strengthen socio-political factors through thoughtful planning and the gradual implementation of various components. This creates a conducive environment for nutrition programs and the development of capacity for the more general challenge of social development.

While working towards a better nutrition system, multi-layer: micro, meso, and macro levels approaches are to be adopted through which multi-level policy actors and control bodies, staff to be involved and take forward the programs.

Global Program adopts a system-strengthening approach and therefore the interventions have both systems-to-community and community-to-systems strategy for building nutritional resilience. While facilitating the systems to the community, the government departments, frontline workers, PDS, ICDS centers, Nutrition Rehabilitation Centres, etc will take part in the journey. At the same time, the control bodies such as community collectives, health and nutrition committees, local dialoguing groups, etc are activated to act towards strengthening the systems by making them more inclusive, accessible, and effective. In connection with this, the local municipality and micro-planning bodies such as Gram Sabhas, project-based public grievance redressal mechanisms will be made functional to catalyze the changes.

- **MACRO-LEVEL:** Program provides policy inputs, and technical assistance aimed at enhancing efficiency, targeting, service delivery, and improving access to food.
- **MESO -LEVEL:** The program is working towards supplementing the systems at institutions to address issues. For this, the program facilitates the community to access various government schemes and programs.
- **MICRO-LEVEL:** THE Program connects the children and their families to the major state nutrition programs that benefit children and their families The project promotes targeted communities with community-based nutrition management, behavioral change communication actions, and nutrition-led livelihood measures.

The module titled Scaling Resilience will provide theoretical and practical insights into the multi-dimensional aspects that have been undertaken, reflected, and emerged throughout the journey of the implementation of Global Program India. While traveling from the conventional behavioral change communication programs to community-driven model creations, there were sets of best practices that evolved with disaster-resilient features. The module covers the conceptual indications of the program's interconnectedness with the overall resilience strategies, and process ending with the establishment of community-driven sustainable nutrition management practices. The module has the following objectives.

- Document the process, steps, and strategies undertaken for building Nutritional resilience.
- Capacity building of the multistakeholder on the scalable approaches

**GLOBAL PROGRAM TEAM
CARITAS INDIA AND PARTNERS**

CONTENTS

Chapters	Content	Pg. no
1	CARITAS INDIA'S APPROACH TO RESILIENCE BUILDING TO FOOD SYSTEMS AND NUTRITION	04
2	FOOD AND NUTRITION SECURITY AND LOCALISING INTERNATIONAL AGENDA	07
3	NUTRITION AND FOOD SECURITY STRATEGY IN GLOBAL PROGRAM	12
4	INTERVENTION STRATEGIES TO ADDRESS THE NUTRITION AND FOOD SECURITY CHALLENGES	18
5	DESCRIPTION OF GLOBAL PROGRAM BEST PRACTICES/MODEL	26
5.1	NUTRITION-SENSITIVE VILLAGE PLAN (NSVP)	27
5.2	MODEL ICDS CENTRES TO ADDRESS MALNUTRITION	31
5.3	COMMUNITY BASED CARE OF SAM/MAM CHILDREN	34
5.4	POULTRY FARMING: ALTERNATIVE LIVELIHOOD TO ENHANCE HOUSEHOLD FOOD SECURITY	38
5.5	NUTRITION GARDEN: AN APPROACH TO REDUCE THE PROBLEM OF MALNUTRITION	41
5.6	CAMPAIGN ON BALANCE DIET FOR SCHOOL CHILDREN	45
5.7	POSHAN MELA- A DEDICATED CAMPAIGN: EMPOWERING COMMUNITIES FOR SUSTAINABLE NUTRITION AND HEALTH	48
5.8	WE4RESILIENCE CAMPAIGN: A CAMPAIGN TO BUILD A RESILIENT COMMUNITY.	51
5.9	SOCIAL AUDIT: A TOOL FOR STRENGTHENING COMMUNITY-BASED ORGANIZATIONS/ CONTROL BODIES.	55
5.10	NUTRI CLINIC	58
	KNOWLEDGE MANAGEMENT MATERIALS	64

1

CARITAS INDIA'S APPROACH TO RESILIENCE BUILDING TO FOOD SYSTEMS AND NUTRITION

1.1. Introduction

The concept of resilience building is emerging as a significant approach among developmental actors. As a sustainable framework and core development objective in the theory of change in multi-sectoral programs, resilience offers systems and process-oriented coping strategies with shocks which amplifies the vulnerabilities of the people especially the marginalized sections such as indigenous communities, *dalits*, fisherfolk, smallholder farmers, displaced, women and the person with disabilities. While resilience has ecological, social, political, and institutional dimensions, the concept has been conceived as a localization indicator and as an approach to defining and reflecting the level of impact and adaptive capacity of the people and their social survival.

The marginalized sections of society continue to be hit by a range of shocks such as climate change, natural disasters, food, and nutrition insecurity, and diseases due to various socio-politico-cultural and ecological factors. Such groups of people are excluded from social protection programs, asset ownership, governance, and other activities that contribute to building resilience. For this, the inbuilt capacities, local resources, and traditional wisdom must be brought to enhance the well-being of the marginalized communities. In this context, multi-sectoral engagement is the key, and development actors including policymakers, civil society organizations, and community-based organizations need to come up with appropriate strategies and approaches to build individual, household, and community resilience.

As a national organization dedicated to nation-building, Caritas India adopts comprehensive approaches to building resilience through its various cluster programs focused on humanitarian assistance, disaster risk reduction, nutrition and food security, children and development, and arresting migration.

The people-centered programs implemented for over 20 years by Caritas India have brought significant and consistent perspective changes among the community leads who are facilitating the social animation process at the last mile. Along with looking at the extent of access to the services and the socio-economic coexistence of the well-being parameters, the impacts of the animation process are also started measuring through an in-depth sustainability lens and through understanding the competency of the local community to be adaptive,

What are the contributory factors of Caritas India's Global Program that led to regular growth monitoring of children age- 0-6 in ICDS centers in Bihar? How did the interconnectedness of family-level food systems strengthening and institutional system building at the *Anganwadi* level intersect for better outcomes in Rayagada district, Odisha? Is there any sustainable mechanism with community control bodies for auditing the services for better deliveries? How did the local food systems play a pivotal role? What went well and what are the key learnings for joint reflections on systemic transformations?

1.2. Nutrition and Food Systems Resilience

Nutrition and food security is marked as imperative contributors to resilience and the sectors need more attention. Though India is home to diverse food cultures and deliberate efforts are being taken to improve the food and nutrition system, the scope for joint actions is much more.

Caritas India believes that a decisive, vigorous, and sustained campaign for Agriculture Sovereignty and Climate Resilience is imperative because of three prevailing disturbing conditions. First, climate change has exacerbated the vulnerabilities of the poor and the vulnerable who have been grappling with livelihood and food crises; second, small farmers who meet over 70% of the food needs of the country are themselves starving and finally, even those who get food are being denied their right to healthy and nourishing food. Caritas India respects the integrity of creation and is committed to ensuring that agriculture and food production do not violate the ecological integrity of nature. The principal objective of Caritas India's strategy of resilient agriculture and democratized food systems is insulating the livelihood and food security of agrarian and farm-dependent communities. For building nutrition resilience, Caritas India adopts strategies for supplementing the governmental interventions under the Nutrition Mission and strengthening the local community organizations and actors to be effective responders to address the health and nutrition vulnerabilities.

1.3. Nutrition and Food Systems Resilience -Key Approaches

- 1.3.1. Localization of Agriculture;** Identify, promote, and propagate local and localizable solutions that will lead to a 'localised' farming system, which will empower communities, organise campaigns for ensuring people's need for food is kept at the center of policies, and increase representation of farmers in policy formulation processes by forming farmers' organizations and federating them at appropriate levels.
- 1.3.2. Increasing Farm Productivity in Dialogue with Nature;** Replacing energy-intensive monocultures with sustainable and rehabilitating and biodiversity-promoting crop systems like mixed-farming, crop rotation etc, promoting chemical-free farming, and replacing toxic pest and nutrient management systems with organic and eco-friendly farming practices including natural farming, promoting integrated farming systems with livestock, poultry, fishery and apiary and identifying and popularizing alternative community-based solutions to industrialized production methods.
- 1.3.3. Strengthening Local Food Systems;** Reviving and strengthening forest-based food systems or uncultivated food, Adivasi food systems, and millet-based food systems, popularize micro-food production systems, in urban areas as well, and reduce 'food miles', resist 'mainstreaming' of food culture and seeking recognition of food sub-systems, facilitate dialogues for inclusion of local food and food grain in government systems like Public Distribution Systems (PDS) and ICDS schemes including Mid-Day Meal scheme.
- 1.3.4. System strengthening for better services;** Provide policy inputs, and technical assistance aimed at enhancing efficiency, targeting, service delivery, and improving access to food, and nutritional schemes at Anganwadi's.
- 1.3.5. Upscaling local innovations and models;** In partnership with local government and line departments create and upscale model Anganwadi centres, schools, and community-based nutrition solutions, and facilitate convergence in line with the nutrition-centric action plans at the village level.

1.4. Social Inclusion and Resilience Building

Since the food insecurity vulnerabilities mostly affect women, children, persons with disabilities, Dalits, and other economically backward sections of society, deliberate efforts to ensure informed decision-making and social participation is a mandate, and mainstreaming of such sections is crucial while building resilience. Caritas India identified social inclusion as a cross-cutting theme in all its resilient building interventions and mainstreaming as the key element. Through its various cluster programs, the social and political participation of the marginalized communities and their regular access to public welfare programs and schemes is closely followed up.

- 1.4.1. Exchanges and cooperation:** Caritas India facilitates the dialogues and joint initiatives between governmental organizations, commissions, and dialogue groups.
- 1.4.2. Local policies and mainstreaming:** Local civil society organizations are built with mainstreaming policies, organized interfaces, and consultations with expert organizations and local communities.
- 1.4.3. Access to better education and economic well-being:** Caritas India facilitates the linkage and networking building with education, health, disability, and emergency response service organizations.
- 1.4.4. Participatory planning, monitoring, and evaluation:** Caritas India adopts a people-led development approach for ensuring community ownership and local participation and promoting informed inclusive development plans at local government levels.

1.5. We4Resilience Campaign- A Civil Society Engagement Approach

#We4Resilience Campaign brings harmonized actions for building resilience. The campaign which commenced in the year 2021 brought new learnings and practices on resilience building by acting as a tool to empower the community and strengthen networks. The campaign aims to foster a multidisciplinary dialogue among stakeholders to formulate effective strategies for disaster risk reduction and enhanced nutrition and food security and to explore innovative ways to integrate social protection measures and localize global concepts in disaster-affected communities. The campaign placed institutionalized platforms for collective dialogue, learning, and knowledge sharing to supplement the government programs and systems for food security and disaster resilience. Through its “3 days in a village” community consultations (*Samvad*), district and state-level consultations have not only brought the community aspirations, but also brought out the people’s aspirations, community solutions, and people-led actions towards a resilient, nutrition-sensitive, and inclusive society.

#We4Resilience has emerged as an instrument to bring the local communities together and create a meaningful platform with multi-stakeholders including the Government to witness that their voices are heard, and they are included. The we4resilience campaign 2023 aimed at creating a favorable environment for the representatives of civil society and partner organizations to actively engage in policy dialogue on scalable models and practices.

We4Resilience Campaign Outcomes

- #We4Resilience master trainers at the district level
- Trained community volunteers in 260 villages
- 3 days in the village reached out to Over 3 Lakhs populations with resilience-building messages.
- Village level community consultations (*Samvads*)
- District Consultations
- State-level consultations
- Community voices and recommendations

1.6. Conclusion

The determinants of disaster risk reduction, food, and nutrition security, and social inclusion are interconnected and are recognized as key essential variables for resilience building through multi-layer intervention at micro, meso and macro levels. While reflecting on the approaches and strategies for building resilience, the role of Civil Societies to reach to last mile and to supplement the governmental interventions is essential. Through joint initiatives, long-term development activities need to work out to compact climate change impacts, disaster risk reduction and to ensure food and nutrition security.

2.

FOOD AND NUTRITION SECURITY AND LOCALISING INTERNATIONAL AGENDA

2.1. Introduction

A basic human necessity for health and well-being is adequate nutritious food. One of the most fundamental pre-conditions for an active, healthy, and respectable existence is that people can satisfy their nutritional requirements regularly and use and utilize adequate and safe food with the appropriate energy, protein, vitamin, and mineral content. "Hunger is one of the worst violations of human dignity. In a world of plenty, ending hunger is within our grasp. Failure to reach this goal should fill every one of us with shame. The time for making promises is over. It is time to act. It is time to do what we have long promised to do - eliminate hunger from the face of earth." (Source: Kofi Anan, Secretary General of the United Nations, at the World Food Summit: five years later in June 2002 in Rome)

The United Nations General Assembly in 1966 established the International Covenant on Economic, Social and Cultural Rights, which officially recognized the right to food as a fundamental human entitlement. This right had been initially articulated in the United Nations' Universal Declaration of Human Rights in 1948 and was later reaffirmed in 1974. Food security is a concept that has evolved over time. According to a worldwide accepted definition (FAO 2000), Food security implies that "all people, at all times, should have physical, social and economic access to sufficient, safe and nutritious food which meets their dietary needs and food preferences for an active and healthy life" (FAO, 2000, reaffirmed officially in 2009).



There are four dimensions to the concept of Food Security

- **Availability:** It ensures that adequate food is available at peoples' disposal.
- **Accessibility:** Household has sufficient resources to obtain an appropriate diet.
- **Utilisation:** Depends on the biological and social environment and proper health care.
- **Stability-** Refers to food security, a population, household, or individual must always have access to adequate food. They should not risk losing access to food because of sudden shocks (e.g., an economic or climatic crisis)

Source: FOOD AND NUTRITIONAL SECURITY IN INDIA CHARTING THE WAY TO A ROBUST AGRI-FOOD SYSTEM- NABARD Study

2.2. Nutrition in the context of the Sustainable Development Goals:

No.	SDGs	Link to nutrition
1	No Poverty	Poverty limits access to adequate food intake and makes it difficult to reach nutritional recommendations
2	Zero hunger	Unsustainable food production causes undernourishment
3	Good health and wellbeing	Healthy and sustainable nutrition may reduce premature death including from non-communicable diseases
4	Quality education	Malnutrition affects learning abilities, while higher awareness may affect healthy and sustainable food choices
5	Gender equality	Empowering women to claim their rights leads to improved quality of life and nutrition; proper nutrition improves learning performance, which can be translated into better job opportunities
6	Clean water and sanitation	Access to safe drinking water and sanitation may reduce undernutrition
7	Affordable and clean energy	Creating independence from fossil fuels will reduce greenhouse gas emissions and environmental pollution, and ensure food security
8	Decent work and economic growth	Economic transformation may provide increased nutrition security and sustainable agriculture
9	Industry, innovation and infrastructure	Affordable access to technologies and infrastructure is essential for agriculture development and food security
10	Reduced inequalities	Inequalities cause disparities in income, food, health and education access
11	Sustainable cities and communities	Expansion into rural area increases food needs, creates competition for food and water resources, and finally dependence on food purchases
12	Responsible consumption and production	Meeting the nutritional needs of a growing population requires sustainable solutions for food production and access to water, as uncontrolled and inefficient food production causes greenhouse gas emissions and soil degradation.
13	Climate action	Climate change affects global food production and food security as well as access to freshwater resources
14	Life below water	Aquaculture reduces hunger and improves nutrition; however, overfishing limits biodiversity
15	Life on land	Change of land use causes soil degradation while reducing biodiversity and food production, and decreasing access to fresh water
16	Peace and justice	War causes malnutrition and death due to inadequate/insecure food supplies and reduced access to food
17	Partnerships for goals	To achieve the goals partnership between both diverse sectors and governments is needed

(Source: Nutrition in the context of the Sustainable Development Goals, Giuseppe Grosso, Alberto Mateo, Natalie Rangelov, Tatjana Buzeti, Christopher Birt on behalf of the Food and Nutrition Section of the European Public Health Association)

Food and nutritional security are the key to attaining the Sustainable Development Goals. Nutrition is an important factor that crosses all the SDGs, in one way or another. “India has done well to expand food production and build up adequate safety stocks of food grains. For over 70 percent of rural Indian households, agriculture, including livestock, still remains the principal source of livelihood. With a six-fold increase in food grain production from 50 million tonnes in 1950-51 to nearly 300 million tonnes in 2019-20, India has become a net food exporter, being the ninth largest exporter of agricultural products in the world. The share of agriculture and allied sectors in the total Gross Value Added of the Economy have improved to 20.2 per cent in the year 2020-21 and 18.8 per cent in 2021-22. With these gains, India has transitioned from being a food-deficit nation to a self-sufficient food-producing country in the last 30 years. This has been possible through the 2013 National Food Security Act (NFSA), under which the Public Distribution reached 813 million people with subsidized monthly household rations (rice, wheat or millets)”.

2.3. Challenges related to nutrition and food security involve several factors like:

- 2.3.1. Malnutrition in all Forms:** There are forms of malnutrition, including undernutrition, micronutrient deficiencies, and overnutrition (such as obesity and diet-related diseases), which require a multifaceted approach.
- 2.3.2. Limited Access to Nutritious Food:** Many communities face barriers to accessing diverse and nutritious food due to factors like poverty, inadequate infrastructure, limited market availability, and high food prices.
- 2.3.3. Agricultural Productivity and Diversity:** Enhancing agricultural productivity and promoting crop diversity is essential to ensure a consistent supply of nutrient-rich foods and combatting deficiencies.
- 2.3.4. Climate Change Impact:** Climate change poses challenges by altering agricultural patterns, affecting crop yields, and creating food production uncertainties, thereby impacting food security and nutrition.
- 2.3.5. Quality of Food and Dietary Practices:** Poor dietary habits, lack of knowledge about healthy eating, and the availability of processed foods high in unhealthy fats, sugars, and salt contribute to nutritional deficiencies and health problems.
- 2.3.6. Water and Environmental Sustainability:** Ensuring sustainable water management practices and environmental conservation are crucial for maintaining agricultural productivity and safeguarding food sources.
- 2.3.7. Healthcare Access and Education:** Access to healthcare, nutritional education, and awareness programs play a vital role in improving dietary choices, addressing malnutrition, and preventing diet-related diseases.
- 2.3.8. Social and Economic Factors:** Socioeconomic disparities, gender inequality, and unequal access to resources can significantly impact nutritional status and food security, requiring attention to address these disparities.

2.4. National Policies and Context

Addressing these challenges demands a comprehensive and coordinated approach involving policymakers, governments, communities, healthcare providers, farmers, and various stakeholders. Strategies should focus on improving agricultural practices, promoting education on nutrition and healthy eating habits, enhancing access to diverse and nutritious foods, and addressing broader socioeconomic issues to ensure sustainable progress in nutrition and food security. Although the Government has outlined ways to enhance agricultural productivity, it remains uncertain whether these measures will deliver adequate benefits for small-scale farmers operating rain-fed plots, who form the majority in Indian agriculture. This specific group faces new challenges. Firstly, agricultural growth rates fluctuate due to increased vulnerability to climate change. Secondly, land degradation poses a significant threat to both India's food security and the environment, with extensive farmlands turning infertile due to imbalanced fertilizer use. Thirdly, unsustainable depletion of groundwater levels exacerbates the situation. As farm sizes shrink and productivity declines, many farmers are compelled to seek alternative livelihood options.

Compounding these challenges, are food safety concerns, particularly for the urban poor and migrants. Use of untreated water in food preparation, poor environmental sanitation, poor hygiene, and poor waste management. About half of the cases of child malnutrition are associated with unsafe water, inadequate sanitation, or insufficient hygiene. Improved nutritional status depends upon the improvement in sanitation and hygiene practices along with improved awareness levels in the communities.

2.4.1. Government interventions: The government launched several programs to double farmers' incomes by 2022. These programs aim to remove blocks for greater agricultural productivity, These include:

1. The National Food Security Mission,
2. Rashtriya Krishi Vikas Yojana (RKVY)
3. The Integrated Schemes on Oilseeds, Pulses, Palm oil and Maize (ISOPOM),
4. Pradhan Mantri Fasal Bima Yojana,

In addition to that the "Mahatma Gandhi National Rural Employment Guarantee Act" and the "National Rural Livelihoods Mission" have provided support for agriculture and livelihood in rural areas. The government has also taken significant steps to combat under- and malnutrition and address the issue of food insecurity over the past two decades, such as

1. Integrated Child Development Services (ICDS) through Anganwadi systems to provide rations to pregnant and lactating mothers.
2. Through the introduction of "mid-day meals" at schools
3. Subsidised grain for those living below the poverty line through a "Public distribution system".

The primary goal of the "National Food Security Act (NFSA), 2013" is to guarantee food and nutrition security for the most vulnerable populations by implementing linked schemes and initiatives, establishing access to food as a legally entitled right.

In the continued effort the launch of the "POSHAN Abhiyan" (Nutrition Mission) in March 2018 refocused the national agenda on nutrition. "POSHAN Abhiyaan" aims to create a **Jan Andolan** (people's movement for nutrition) and further intensify regular mass communication on improved nutrition behaviours, especially amongst pregnant women, lactating mothers, adolescent girls and families of SAM/MAM children.

2.5. Agri-Nutri Linkage to address the issue of food security:

Agriculture and food security has a common aspect: "food." Food is a key outcome of agricultural activities, and, in turn, is a key input into good nutrition but availability of food from agriculture does not secure good nutrition. Extreme poverty and hunger are largely rural, with smallholder farmers and their families making up a very significant proportion of the poor. Therefore, eliminating poverty and hunger are closely connected to increasing food production, enhancing agricultural productivity, and raising incomes in rural areas.

Agriculture systems need to become more productive with minimum wastage. Adopting holistic and comprehensive approaches to sustainable farming methods and food systems is essential. Vital components such as land, fertile soils, water, and plant genetic resources contribute significantly to food production. Given their increasing scarcity in various regions globally, it's crucial to use and handle these resources sustainably. Enhancing productivity on current agricultural lands, which includes revitalizing depleted lands, by employing sustainable farming practices would also alleviate the need to clear forests for farming purposes.

Improved irrigation and effective storage mechanisms can contribute to sustaining dryland productivity. Reversing and stopping the deterioration of land will play a crucial role to meet the upcoming food requirements. There exist numerous aspects of traditional agricultural wisdom that, when combined with the latest scientific insights, can encourage efficient food production systems. This can be achieved through well-informed and sustainable practices in soil, land, water, nutrient, and pest management, along with the increased adoption of organic fertilizers.

As a large developing country with a growing population, which is dependent on rainfed agriculture, India is particularly vulnerable to climate change. The most significant impact of climate change will be felt through its

impact on the country's already stressed water resources. Several studies indicate that climate change will cause significant changes in annual and inter-seasonal variability of the monsoon. The number of dry days and wet days has steadily increased since the 1970s. In such scenario, India needs to increase investment in research, development and demonstration of technologies to improve the sustainability of food systems in the country. Building resilience of the food systems will be critical to averting large-scale future shortages and to ensuring food security and good nutrition for all.

In India, nutrition and food security are critical issues that intersect with the role of farmers including landless Dalits in multiple ways:

1. **Nutrition Challenges:** India faces various nutrition challenges, including undernutrition, micronutrient deficiencies, and diet-related health issues. Many individuals, especially in rural areas, lack access to diverse and nutrient-rich food, leading to malnutrition and stunted growth, particularly among children.
2. **Food Security Concerns:** Despite being one of the largest food-producing countries globally, India still grapples with food security issues. Access to nutritious food at affordable prices remains a challenge for a significant portion of the population, leading to food insecurity, especially among marginalized communities.
3. **Role of Farmers:** Indian farmers play a pivotal role in addressing these challenges. They are the primary producers of food and play a crucial role in determining the availability, accessibility, and affordability of nutritious food for the population.
4. **Crop Diversity and Nutrition:** Farmers can contribute to improving nutrition by diversifying their crops. Growing a variety of crops, including nutrient-rich foods like fruits, vegetables, pulses, and millets, can enhance the availability of diverse nutrients in the local food supply.
5. **Sustainable Agricultural Practices:** Adopting sustainable agricultural practices among farmers is essential. This includes practices such as organic farming, crop rotation, mixed cropping, and agroecological approaches that enhance soil fertility, preserve biodiversity, and produce nutrient-dense crops.
6. **Empowering Farmers:** Empowering farmers through education, training, access to resources, and technological advancements is crucial. Providing them with knowledge about improved agricultural practices, better seeds, efficient irrigation techniques, and market access can enhance their capacity to grow and market nutritious crops.
7. **Government Support and Policies:** The government's role is vital in ensuring food security and nutrition. Policies supporting farmers through subsidies, financial assistance, infrastructure development, and nutrition-focused programs (like Integrated Child Development Services - ICDS and the National Food Security Act) contribute to improving both food availability and accessibility.
8. **Creating Market Opportunities:** Creating market opportunities for farmers to sell nutritious produce at fair prices incentivizes the cultivation of nutrient-rich crops. Linking farmers directly to consumers through farmer markets, cooperatives, or farm-to-fork initiatives can ensure better returns for their efforts.
9. **Community Engagement and Raising Awareness:** Encouraging community participation and raising awareness about the importance of consuming diverse and nutritious foods can complement farmers' efforts. This helps in fostering a demand for locally grown nutrient-rich produce.

3.

NUTRITION AND FOOD SECURITY STRATEGY IN GLOBAL PROGRAM

3.1. Introduction

Building resilient nutrition systems is an important thematic pillar of the program. The program adopts a system-strengthening approach in collaboration with local ICDS centers and local government by placing the community control bodies such as village health sanitation and nutrition committees, women's self-help groups, and mothers' groups as change makers.

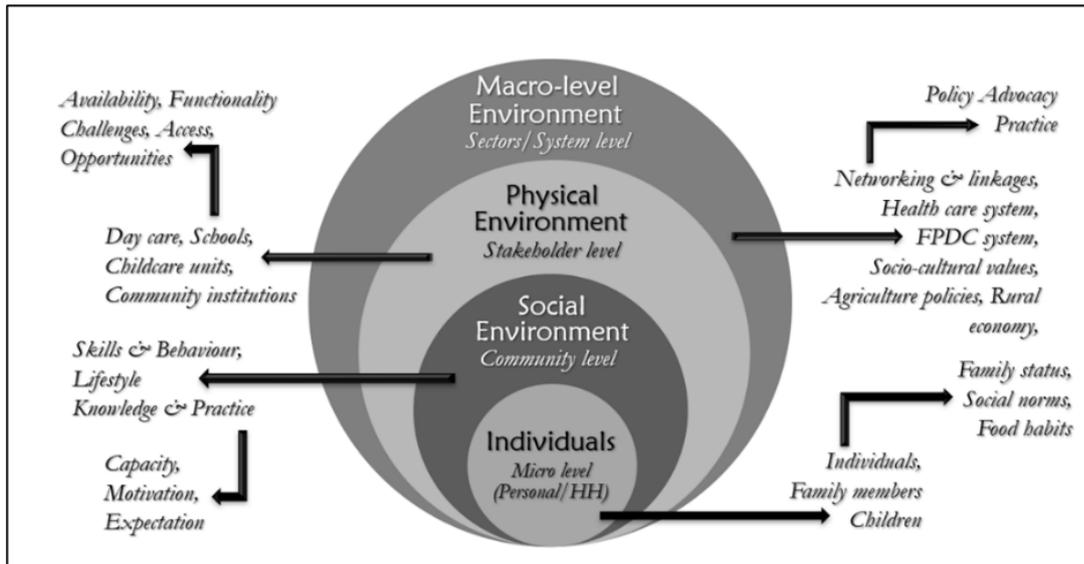
SDG 2- 'End hunger, achieve food security and improved nutrition and promote sustainable agriculture' clearly defines the concept of 'nutrition'. Nutrition security explains the access to adequately nutritious and safe food and its connectedness to other factors like health, care, education, water, sanitation, and hygiene, access to food and resources, women's empowerment, and more.

Social determinants of health are the conditions in the places where people live, learn, work, and play, and they affect a wide range of health risks and outcomes. In other words, these are social health barriers that impact an individual's daily life. Other social determinants of health include physical inactivity, income, employment and working conditions, education, and literacy.

Global Program India is a community-led partnership model hosted by Caritas India with the support of Federal Ministry for Economic Co-operation and Development (BMZ), Government of Germany, and Caritas Germany. By focusing on four development themes at large; resilience to natural calamities, Enhanced Nutritional and Food Security, Social Inclusion and strengthening civil society learning.

Caritas India's Global Program aimed at improving the food and nutrition security systems by increasing access of the local communities to nutrition services and government programs. The global program aims to actively promote synergies between all available programs at the local level to ensure that families are able to support their children in the growth and development process. The program adopts a system-strengthening approach in collaboration with local ICDS centers and local government by placing the community control bodies such as village health sanitation and nutrition committees, women's self-help groups, and mothers' groups as change makers.

The program, in close association with and guidance of the women and child development department, trained frontline health workers, and women-led community organizations for better nutrition services and balanced diet promotion. The program has also become an instrument to redesign the ICDS and school infrastructures with hand washing stations, child-friendly toilets, and Nutri- gardens. Traditional food festivals and promotion of indigenous food practices such as millet promotion brought nutrition-centred behavioural changes among the target villages. As a result of the interventions, the number of children and young mothers registering in the ICDS centers increased.

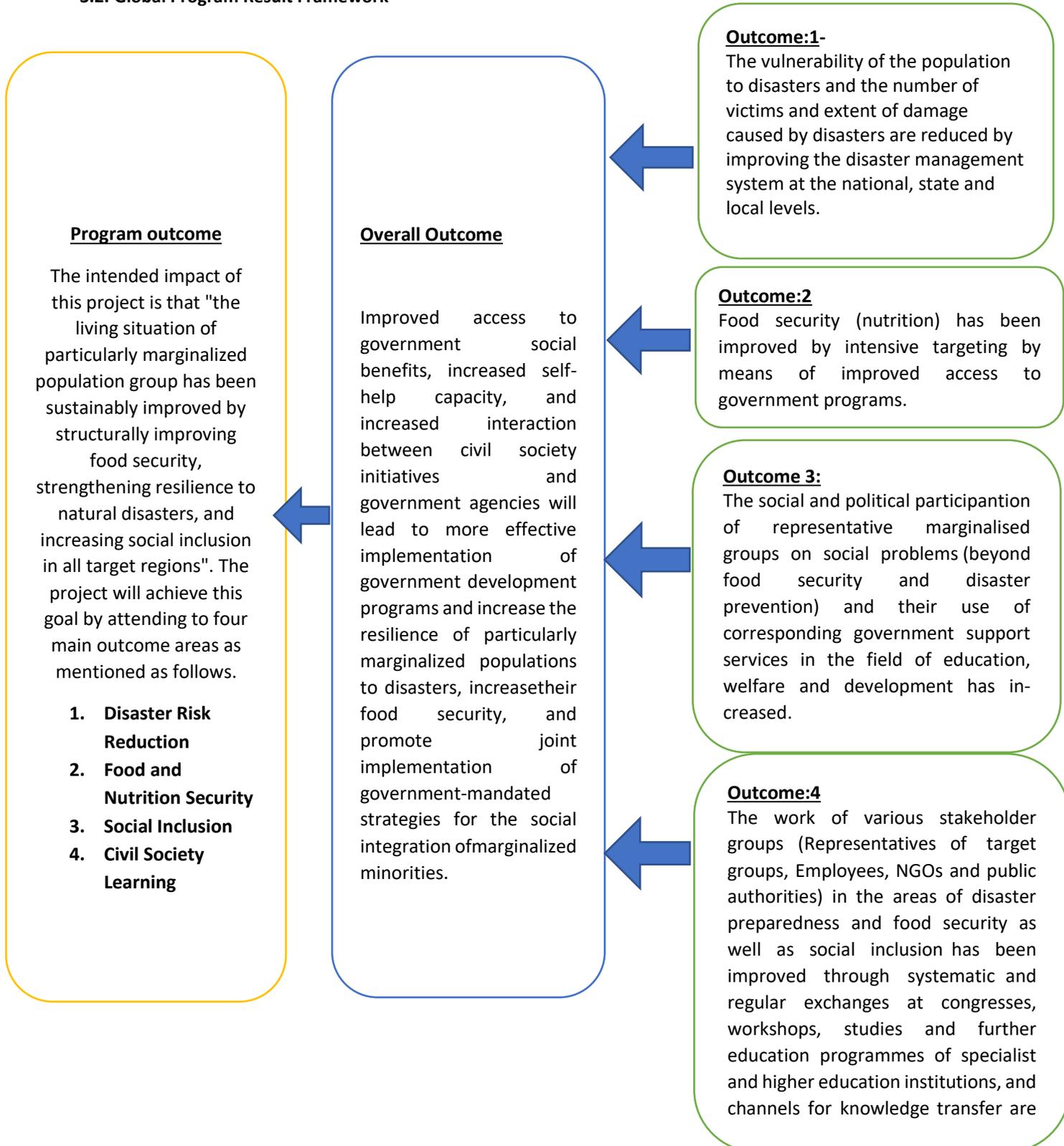


MACRO-LEVEL: Program provides policy inputs, and technical assistance aimed at enhancing efficiency, targeting, service delivery, and improving access to food.

MESO -LEVEL: The program is working towards supplementing the systems at institutions to address issues. For this, the program facilitates the community to access various government schemes and programs.

MICRO-LEVEL: The Program connects the children and their families to the major state nutrition programs that benefit children and their families. The project promotes targeted communities with community-based nutrition management, behavioral change communication actions, and nutrition-led livelihood measures.

3.2. Global Program Result Framework



3.3. Program Location:

The Programme “Poverty reduction and Food Security, promoting social inclusion of marginalized groups as well as increasing the resilience to disasters in high-risk areas” targets a total of 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 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. Nutrition Food Security Program is being implemented by six Partner Organisations, 5 in the state of Bihar and 1 partner in Odisha.

State	Partner Organisation	District	No. of Block	No. of Panchayat	No. of Village
Bihar	Purnea Social and Educational society	Purnea	1	05	15
	Shahabad Parish Society	Kaimur	1	7	15
	Bihar Dalit Vikas Samiti	Munger	1	11	15
	Patna Jesuit Society	Patna	1	10	15
	Prayas Gramin Vikas Samiti	Saharsa	1	10	15
Odisha	SWAD Rayagada	Rayagada	2	2	20
Total	6	6	7	45	95

The Programme activities were initiated in April 2021. The first step was to organise meetings with the stakeholders from all villages that are part of our Programme implementation. Village identification for this Programme was conducted where the Partner Organisations selected those villages where the nutrition status is very low and marginalised communities are deprived of their rights and entitlements. The Village identification Process involved Survey to collect basic information of these villages under different categories - gender and caste wise population, agricultural and non-agricultural households, lactating and pregnant population and population under different government schemes etc. In the process of the survey, the Program Team identified the most vulnerable groups of people in need of intervention.

Teams identified alarming issues concerning safe drinking water, malnutrition and poor linkages with social welfare schemes and discrimination of the marginalised communities in the villages. The interaction with the people revealed that poor functioning in the system prevents these marginalised groups from getting benefits from government schemes. Many people were not having ration cards due to the non-availability of proper documents. Lack of awareness and documentation were the big challenge to avail government schemes.

3.4. About the theme- Nutrition Food Security

Although food insecurity is closely tied to economic stability, the factors leading to food insecurity is much more complex ranging from income, employment, and disability, to race, ethnicity, and neighborhood location. Other key drivers include limited household resources, limited community resources, health and health-related behaviours, and human capital. These numerous and complicated factors are why the rate of food insecurity has remained essentially unchanged for several years and even increased for certain populations. High prevalence of low birth weight, high morbidity and mortality in children and poor maternal nutrition of the mother continue to be major nutritional concerns in villages. Malnutrition in the village is not a child-specific problem. It is prevalent in every age group, and in every group, it has an adverse effect through a greater susceptibility to infections, increased morbidity and mortality, decreased productivity, and a lesser quality of life.

3.5. Village selection criteria:

Global Program aims to target the villages from the most marginalized geographies having the least resources and would endeavor by evolving a consensus through information and consultations with the most at-risk groups. Targeting will be considered in view of communities/villages with actual needs and degree of exclusion.

3.5.1. Target villages: Guiding principles

- The severely affected villages/ Communities are in the remotest areas, isolated with minimum to zero connectivity with the mainland, and come under BPL (Below Poverty Line).
- Hand-to-mouth community, mainly agriculture and laborer households.
- The villages have low access to education and flagship schemes by national and state government
- Most "At risk" villages/ Communities due to pre-existing vulnerabilities wherein negative impacts felt on the community due to the recurring floods and cyclones are amplified and villages/communities have limited resources to overcome these impacts.
- Villages have more malnutrition cases and absence /low services of Anganwadi Centre(AWC) and Public Distribution System(PDS).
- Villages/ Communities left out due to preferential treatment based on caste and political views though have eligibility criteria.
- The villages/ Communities dominated by Schedule caste, Tribes, persons with disabilities, single women (including widows), internally displaced communities, and elderly (above 70 years) who remain the most marginalized.
- Internally displaced villages/communities living on the banks of rivers due to land erosion because of salinity intrusion and second because of sea erosion.
- Villages having weak housing structures either dilapidated partially (without roof/wall) or mud/houses.

Key target group: Highly marginalized rural populations in the Indian states of Assam, Bihar, Odisha, and West Bengal, officially referred to by the Indian authorities as Scheduled Castes (SCs) or Scheduled Tribes (STs) and living in particularly disaster-prone regions with poor food security indicators, are the direct beneficiaries of the program. Communities living outside social security systems will also be an important target group. Particular attention will be paid to women, children, and persons with disabilities in these communities

Selection criteria – 1: Villages having low access of government-sponsored schemes.

Accessibility National Rural Livelihood Mission- less than 10 % of HH	1
Accessibility National Rural Livelihood Mission- 25% of HH	0.5
Accessibility National Rural Livelihood Mission- 50% of HH	0.25

Selection criteria – 2: Villages should have a history and incidents of the prominent case of malnutrition.

Prevalence of SAM - More than 10 %	1
Prevalence of SAM - 5-10 of children %	0.5
Prevalence of SAM - 2-5 of children %	0.25
Prevalence of MAM - More than 20%	1
Prevalence of MAM - 10-20 of children	0.5
Prevalence of MAM - 5-20 of children	0.25

Selection criteria – 3: Villages have low access and services of AWC and PDS

Availability of Functional AWC- Not available	1
1 AWC for 1000 Population	0.5
Children Referred to NRC- No Referral	1
Availability of functional PDS Shop for 1900 Population	0.25
Availability of functional PDS Shop for 2500 Population	0.5
Availability of functional PDS Shop for 3000 Population	1

Selection criteria – 4: Villages with an out-migrant population

% Of Out Migrants in the population - More than 20%	1
% Of Out Migrants in the population - 15- 20%	0.5
% Of Out Migrants in the population - 5- 15%	0.25

Selection criteria – 5: Villages with landless community

% Of HH without own farm/Agriculture land - More than 20%	1
% Of HH without own farm/Agriculture land - 15- 20%	0.5
% of HH without own farm/Agriculture land - 5- 15%	0.25

Other Criteria:

- Poor availability of other Govt. schemes (MGNREGA)
- Distance to Government Primary Schools
- Number of pregnant & lactating women (young mothers)
- Households have meager livelihood income (no livelihood option)

Cross-cutting Selection Criteria:

- The villages/ Communities dominated by Schedule caste, Tribes, persons with disabilities, single women (including widows), internally displaced communities, and elderly (above 70 years) who remain the most marginalized.
- Priority to be given to the villages adjacent to each other and having high vulnerabilities (Disaster, malnutrition) that the project intended to address.
- Give priorities to the select villages that fall under the same Gram Panchayat.
- Villages with minimal operational challenges

4.

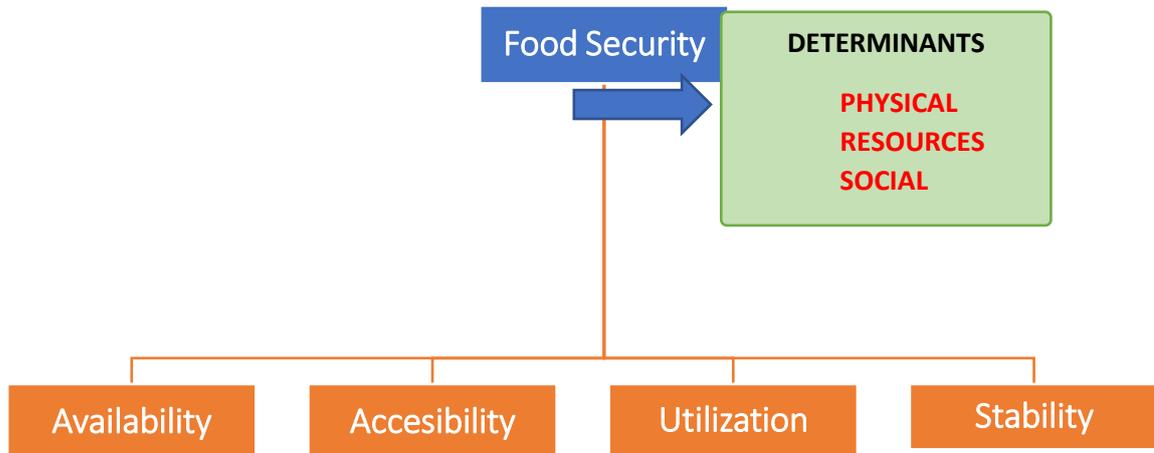
INTERVENTION STRATEGIES TO ADDRESS THE NUTRITION AND FOOD SECURITY CHALLENGES

4.1. Introduction

Malnutrition has many forms of manifestations and arises out of food scarcity, poor access to health and nutrition schemes and services, a lack of safe drinking water and sanitation facilities, low-income levels, low agriculture production and productivity, missing irrigation facilities, no food availability from commons and shrinking biodiversity. It is important to know about the nutritional problems in our country. Here is the brief of different types:

- 4.1.1. Protein-Energy Malnutrition (PEM):** Can be found in every society, even in developed and industrialized countries, although the numbers are fewer in the latter as compared to developing countries. It is caused by inadequate food intake vis-à-vis the requirements, i.e., insufficient intake of the macronutrients (energy and protein). It is assessed by evaluating the anthropometric measurements (weight, height, head chest circumference, etc.).
- 4.1.2. Iron deficiency anemia (IDA):** It is the most common nutritional disorder in the world and is prevalent in both developed and developing countries. The vulnerable groups are women in childbearing age, adolescent girls, pregnant women, and school-age children.
- 4.1.3. Vitamin A deficiency (VAD):** Vitamin A is necessary for the maintenance of healthy epithelium, normal vision, growth, and immunity. Deficiency of vitamin A results in night blindness which progresses to complete blindness if corrective measures are not taken. Also, there is less resistance to infection and growth may be adversely affected.
- 4.1.4. Iodine deficiency disorders (IDD):** Iodine is required for normal mental and physical growth and development. The term 'Iodine Deficiency Disorders' refers to a spectrum of disabling conditions that affect the health of humans, from fatal life through adulthood due to inadequate dietary intake of iodine. Deficiency of iodine results in an insufficient amount of thyroid hormone which is synthesized by the thyroid gland. Iodine deficiency during pregnancy has several adverse effects, especially resulting in mental retardation and congenital abnormalities of the foetus. Unfortunately, this effect is irreversible.

FOOD SECURITY & NUTRITION STRATEGY



Food security and nutrition linkages have been recognized and acknowledged under SDG 2, which aims to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture. To achieve and sustain the linkage 3 A's (Availability, accessibility, and affordability) have been talked about and researched by various governments. International and national level organizations and various civil society working in the field. As far as food security is concerned **availability is a physical determinant, which is ensured if adequate food is available at people's disposal. Accessibility is achieved if a household has sufficient resources to obtain an appropriate diet. Utilisation depends upon the biological and social environment and proper health care.**

The framework says the **"stability"** (*Stability* of the other three dimensions over time) and **"determinates"** which has an impact to achieve the food security and improve the nutritional status need to be worked upon. Under the GPI more emphasis has been given to tackling and immune community from these shocks and helping them get rid of the cycle of continued hunger and malnutrition.

Considering that community participation and involvement are the key to the success of any model and sustainability, the team at Global program have always kept this in centre. Understanding their issues and challenges and getting their perspective is very crucial.

Undernutrition is caused as well as a result of the vicious cycle of perpetuating poverty and deteriorating human capital because of intergenerational Management effects on physical and cognitive development the intergenerational has an evident result of low birth weight and it gets compounded because of gender discrimination and social exclusion nutrition is directly linked with economy of the country and it has been found in the Global Nutrition Report 2015, that the benefit of investing in nutrition at the critical time of child development gives 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 nutrition directly contributes to maternal and child deaths, it also undermines the learning outcomes of education, impacts the productivity of a person, and has an impact on gender equality. The results of NFHS-4 and NFHS-5 show that high maternal and child undernutrition is still at a high level and achievement has been very low in the last decade, despite strong Constitutional, and legislative policy, plan, and programme commitments. Legislations such as the National Food Security Act 2013 mandating Food 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, and 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.

4.2. 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 a decrease in stunting in Bihar from 48.3% to 42.9% from NFHS-4 to NFHS-5, similarly there is a decrease in the percentage of underweight children in NFHS-5 (41%) compared to NFHS-4 (43.9%), while there is an 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 an urgent need to invest in child nutrition.

4.3. Undernutrition in Women & Girls:

4.3.1. Women with low BMI and Anaemia

Recent findings from NFHS-5 highlight that the nutritional status of women and girls (in the age group 15-49 years) has 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.

4.3.2. 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.

4.3.3. Maternal Care (Institutional delivery and ANC)

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.

4.3.4. 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%.

4.4. 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 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.

4.4.1. 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.

4.4.2. 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.

4.4.3. Iron

Iron Deficiency Anaemia (IDA) is very common across all age groups, but highest among young children, adolescent girls, and 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 newborn, 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. 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.

4.4.4. 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.

4.5. 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, and ensuring universal access to sanitation but improving hygiene practices remains a key challenge. The use of toilet by all at all times in all seasons, hand washing with soap at critical times, and solid waste management have become a key challenge in achieving the nutritional outcome.

4.5.1. Safe Drinking Water

Under the scheme, MMPNY, every household of breastfeeding mothers with maternity support and Bihar will receive safe drinking water through tap has a tap water connection and get safe has a tap water connection and getting safe drinking water regularly. However, it is required to aware the community about safe handling of water.

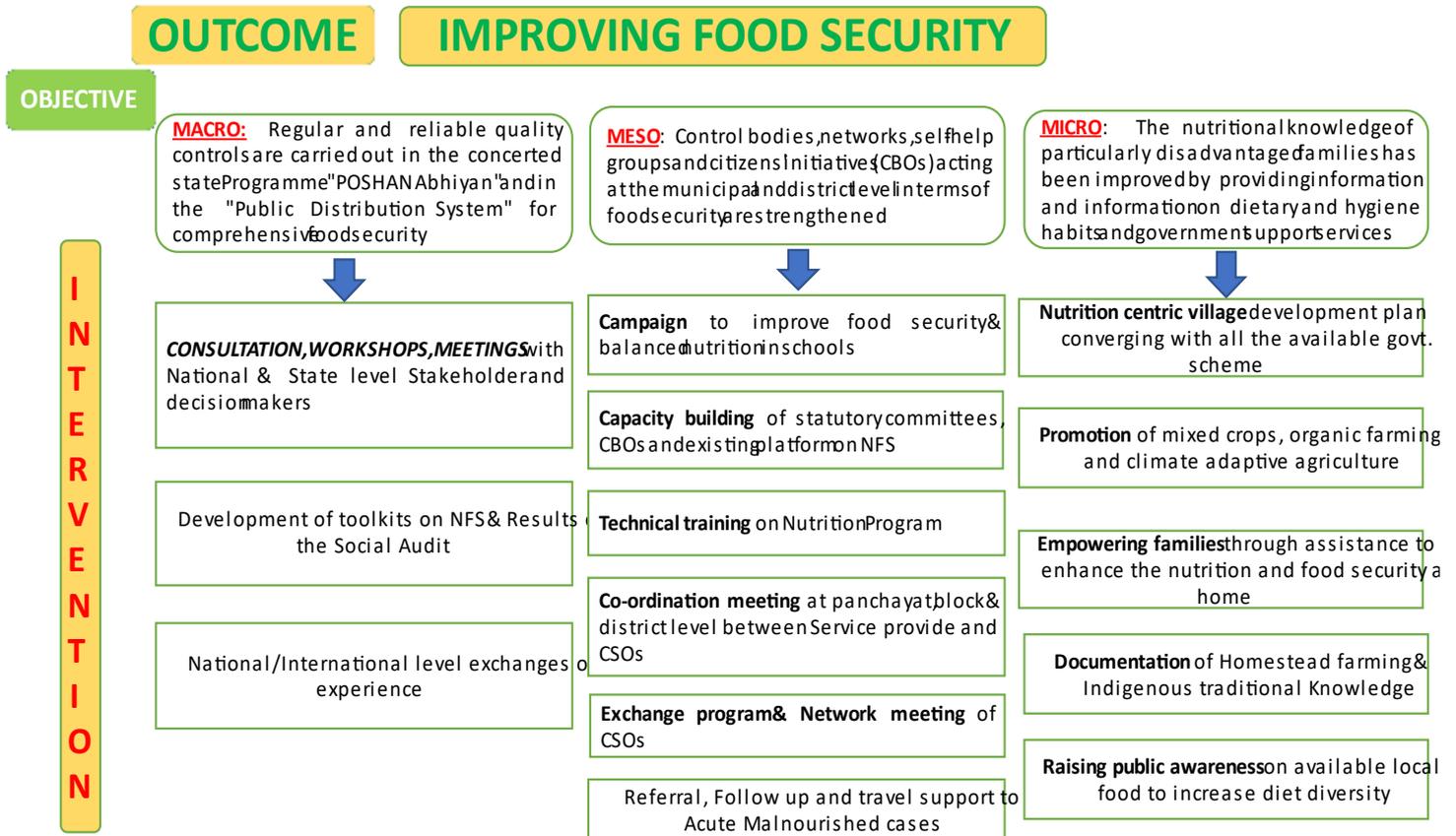
4.5.2. Sanitation & Hygiene

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 has serious implication on public health especially child and maternal health and deciding the nutritional outcome.

4.6. Dietary Intake

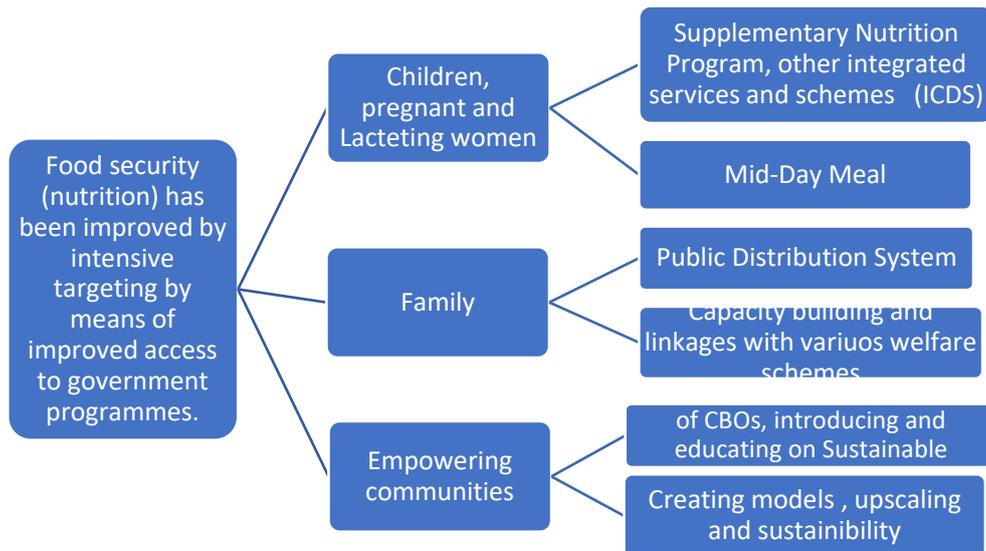
Because of traditional beliefs, despite available food, pregnant women, lactating women, and children are deprived of minimum nutritious food. It has been observed that Take home ration (THR) received by the beneficiaries also get distributed among the other family members. Because of strong gender norms, 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.

4.7. Global Program Strategy Framework – Nutrition Food Security



4.8. Management & Planning

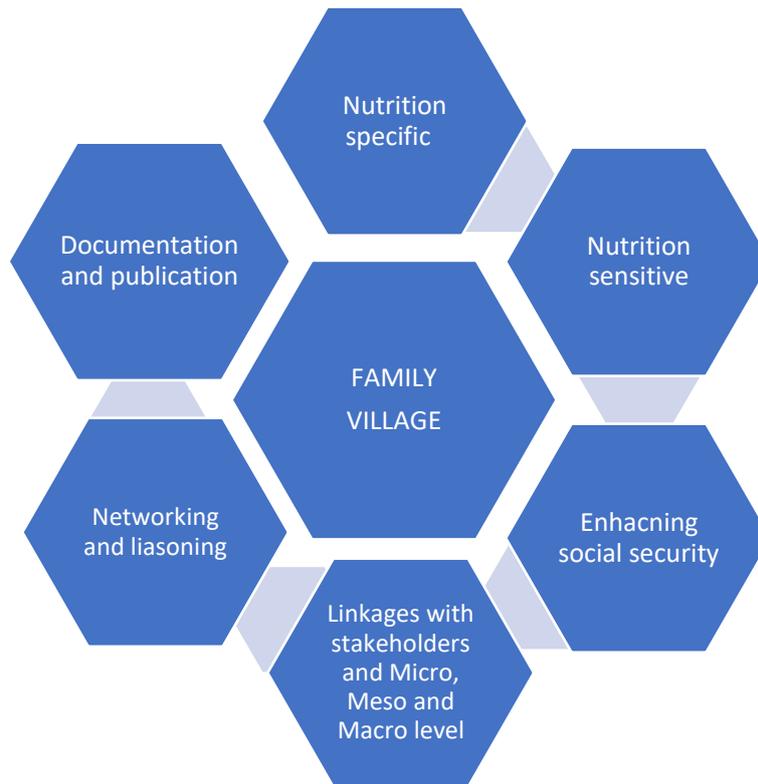
Not being sufficiently inclusive and participatory in most of the planning processes, the poorest and the marginalised households are isolated from the schemes and entitlements. Control of food security is also often missing in such planning. Nutrition security is closely associated with resource planning at the individual family level so that communities can maximize the available resources for food production, safe water, sanitation and income. Linkage with Government development and employment schemes through village assembly planning helps realization of the village plans makes the process and system more sustainable.



The well-being of children and families depends on the multi-focal arrangements available in society as well as judicious utilization of the available resources. The utilization of the available resources becomes more important considering the changing global scenario. The sustainable way for impacting food security and ensuring nutrition for the family depends upon following: -

- assessing the nutrition needs of individuals and groups and determining resources and constraints in the practice setting.
- establishing priorities, goals, and objectives that meet nutrition needs and are consistent with available resources and constraints.
- Provide nutrition counselling in health and disease.
- developing, implementing, and managing nutrition care systems; and
- evaluating, making changes in, and maintaining appropriate standards of quality in food and nutrition care services.

4.9. MULTI-LAYER APPROACH-Scaling Impact

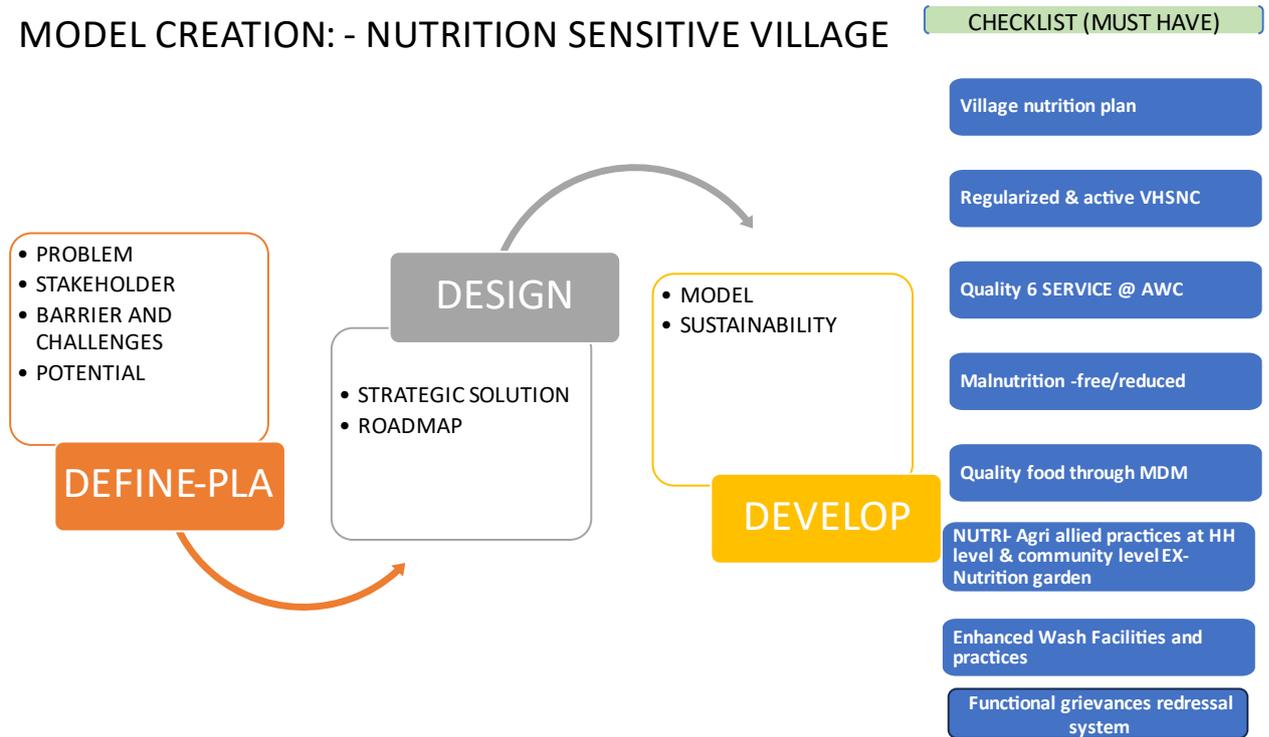


The approach which has been adopted under the GPI comes from the immense experience, research and consultation work carried by Caritas India from previous work. A multi-dimensional approach to address the problem of poverty, hunger and malnutrition comprises of: -

- 4.9.1. **Nutrition-sensitive intervention**- Exclusive breastfeeding, Immunization, Promotion of diet diversity & IFA, Etc.,
- 4.9.2. **Nutrition-specific intervention**- influence the underlying determinants of nutrition. For example, water, sanitation, and hygiene; child protection; schooling; early child development; maternal health; agriculture and food security.
- 4.9.3. **Documentation and publication**- Documenting and creating Knowledge materials to capture the subjects like Indigenous traditional knowledge, climate resilient agri. practices through community participation, model, approaches etc.
- 4.9.4. **Enhancing Social Security schemes** accessibility
- 4.9.5. **Linkage with the district, state, and national level** decision-makers to Share the learning, approaches, and way forward to be included at the policy/planning level for the betterment of targeted communities.
- 4.9.6. **Networking and liasoning with the CSOs** to learn, share and upscale the various successful approaches and strategies.

4.10. Model creation PROCESS

MODEL CREATION: - NUTRITION SENSITIVE VILLAGE



- 4.10.1.** Participatory Learning and Action-PLA tools will be applied at the community level to define and understand the persisting problem regarding the nutrition & food-centric service delivery, behavior, and knowledge.
- 4.10.2.** Identification of the relevant stakeholder and available govt. schemes will be assessed while conducting PLA.
- 4.10.3.** A detailed action plan with the roadmap will be followed post conducting PLA and will be shared in the community meeting along with all the stakeholder responsibilities.
- 4.10.4.** The core component of creating a Nutrition sensitive village will be:
- **Activation and strengthening of Village Health sanitation and Nutrition committee** to own up the village nutrition & food centric micro plan developed through PLA
 - **Strengthening Functionality of the available facilities** like AWC, PDS & MDM: -Assessment and profiling of the existing center will be conducted and a development plan on the assessment basis will be done.
 - **Quality enforcement:** - The center will be capacitated to provide quality services based on the provision and govt. guidelines for Children, Pregnant women, lactating women, and PDS card holders.
 - **Assessment of the existing gap in WaSH facilities** at the community level and individual household level to improve the sanitation & hygiene standards through awareness and linkage with the govt. scheme.
 - **Regular visits and monitoring** by strengthening the Gram Panchayat Plan and Community Based Organizations

PROCESS FLOWCHART



5.

DESCRIPTION OF GLOBAL PROGRAM BEST PRACTICES/MODE

5.1.

NUTRITION-SENSITIVE VILLAGE PLAN (NSVP)

5.1.1. Introduction

In the pursuit of global well-being and sustainable development, addressing the intricate relationship between nutrition, agriculture, and community well-being has become imperative. The Nutrition-Sensitive Village Planning (NSVP) emerges as a strategic and comprehensive approach to tackle the multifaceted challenges associated with malnutrition, food security, and community health at the grassroots level. It represents a paradigm shift, offering a holistic and community-driven approach to tackle challenges such as malnutrition, food security, and community health at the grassroots level. Sustainable development cannot be achieved without addressing the root causes of malnutrition and fostering sustainable, resilient communities. The Nutrition-Sensitive village planning (NSVP) envisions a future where villages are not just recipients of aid but active participants in their development journey by fostering collaboration between diverse stakeholders to create a conducive environment for positive change.

5.1.2. Need of Nutrition-Sensitive Village Planning:

- **Health and Well-being:** Nutrition-sensitive village planning (NSVP) is essential to improve the health and well-being of individuals in the village, addressing malnutrition and preventing diet-related diseases.
- **Child Development:** Proper nutrition is crucial for the physical and cognitive development of children, impacting their growth, learning abilities, and future potential.
- **Economic Productivity:** A well-nourished population is more productive, contributing to economic growth and poverty reduction within the community.
- **Disease Prevention:** Adequate nutrition strengthens the immune system, reducing the risk of infectious diseases and promoting overall community health.
- **Sustainable Agriculture:** Integrating nutrition into planning encourages sustainable agricultural practices, ensuring long-term food security and environmental conservation.
- **Community Empowerment:** Nutrition-sensitive village planning (NSVP) empowers communities by providing knowledge and resources to make informed decisions about diet and health.
- **Educational Attainment:** Improved nutrition positively influences cognitive function, concentration, and educational outcomes, supporting the development of a knowledgeable workforce.
- **Reduction of Health Inequalities:** Focusing on nutrition helps address health disparities within the community, ensuring vulnerable populations receive necessary nutrients.

- **Environmental Sustainability:** Sustainable farming practices, integral to Nutrition-Sensitive village planning (NSVP), contribute to environmental sustainability by minimizing the ecological impact of food production.
- **Long-Term Resilience:** Communities with access to diverse and nutritious diets are more resilient to external challenges, such as climate change, economic fluctuations, and health crises.

5.1.3. Stakeholders/ Beneficiaries

Nutrition-sensitive village planning (NSVP) involves a diverse range of stakeholders and beneficiaries. These groups play distinct roles in contributing to and benefiting from initiatives that promote better nutrition. Here are the main stakeholders and beneficiaries.

Direct Beneficiaries	Stakeholders
<ul style="list-style-type: none"> • Pregnant Women, Lactating Mothers, Children, and Adolescent Girls 	<ul style="list-style-type: none"> • PRI Leaders, Mission Shakti, agricultural department, Horticulture Department, School Teachers, healthcare providers, Teachers, SMC, VHSNC/GKS, CBO leaders, Mothers

Collaboration among these stakeholders is vital for the success of Nutrition-Sensitive village planning (NSVP), ensuring a comprehensive and inclusive approach to address community nutrition needs.

5.1.4. Process for Nutrition-Sensitive Village Planning (NSVP):

The process for conducting Nutrition-Sensitive Village Planning (NSVP) exercises involves a series of steps that engage the community in collaborative decision-making and problem-solving. Here's a step-by-step guide for the process:

- **Community Mobilization:** Begin by informing and mobilizing the community about the upcoming nutrition-sensitive village planning exercises. Communicate the purpose, benefits, and importance of their active participation.
- **Stakeholder Identification:** Identify and involve key stakeholders, including community members, local leaders, healthcare professionals, educators, agricultural experts, NGOs, and government representatives.
- **Training and Capacity Building:** Provide training sessions to community members and stakeholders on the importance of nutrition-sensitive planning, basic nutrition concepts, and the role of different sectors in addressing nutrition challenges.
- **Community Meetings and Consultations:** Organize community meetings to discuss the objectives of the planning exercises and seek input from residents. Use this as an opportunity to understand local perspectives on nutrition, agriculture, and health.
- **Participatory Learning and Action (PLA) Tools:** Utilize various participatory tools, such as community mapping, seasonal calendars, and focus group discussions, to gather information on existing practices, challenges, and opportunities related to nutrition, agriculture, and health.
- **Problem Identification and Analysis:** Conduct problem tree analysis sessions to identify the root causes and effects of nutrition-related challenges in the community. This helps prioritize issues for intervention.
- **Setting Nutrition Goals and Objectives:** Work collaboratively with the community to establish clear and measurable nutrition goals and objectives. Ensure that these goals align with the community's priorities and needs.
- **Development of Action Plans:** Facilitate community workshops to develop action plans that outline specific strategies and activities to address identified nutrition challenges. Encourage the community to contribute ideas and insights.

- **Integration with Local Resources:** Explore and integrate local resources, traditional knowledge, and



sustainable practices into the action plans. This ensures that interventions are culturally appropriate and environmentally sustainable.

- **Collaborative Decision-Making:** Foster collaborative decision-making by involving community members in determining the allocation of resources, setting timelines, and establishing responsibilities for implementing the action plans.
- **Monitoring Framework:** Establish a robust monitoring and evaluation framework that includes indicators to measure the progress of nutrition-sensitive interventions. Involve the community in monitoring activities to promote transparency and accountability.
- **Regular Review and Adaptation:** Conduct regular reviews with the community to assess the effectiveness of implemented interventions. Use feedback from community members to make necessary adjustments and improvements to the action plans.
- **Knowledge Dissemination:** Share information about nutrition-sensitive initiatives, progress, and success stories with the community through regular communication channels. This enhances community awareness and encourages continued engagement.
- **Capacity Building for Sustainability:** Provide ongoing capacity-building training to community members, ensuring that they acquire the skills and knowledge needed to sustain and expand nutrition-sensitive practices in the long term.
- **Celebration of Achievements:** Celebrate milestones and achievements with the community to recognize their efforts and contributions. This fosters a sense of accomplishment and motivates continued participation.
- **Documentation and Learning:** Document the entire process, including challenges faced and lessons learned. Share this information with other communities, fostering a culture of shared learning and continuous improvement.

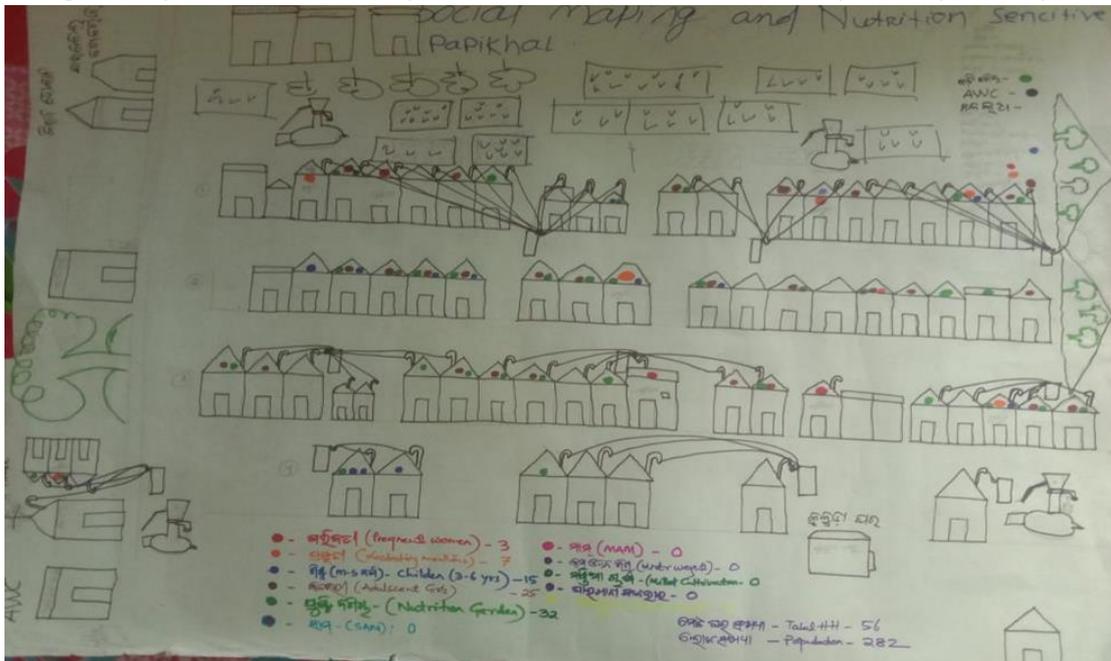


By following this process, nutrition-sensitive village planning exercises become a collaborative and community-driven effort, ensuring that interventions are contextually relevant, sustainable, and have a meaningful impact on the nutritional well-being of the community.

5.1.5. Expected outcome.

The expected outcomes of nutrition-sensitive action planning are multifaceted and aim to bring about positive changes in various aspects of community well-being. Here are some expected outcomes:

- **Improved Nutritional Status:** The primary outcome of Nutrition-Sensitive village planning (NSVP) is improved nutritional status that contributes to reduction in malnutrition rates, increased access to diverse and nutritious foods, and improved dietary practices.
- **Increased Food Security:** Nutrition-sensitive planning aims to enhance food security by promoting sustainable agricultural practices, diversifying crops, and ensuring consistent access to a variety of nutritious foods throughout the year.
- **Enhanced Community Health:** Better nutrition contributes to improved overall health outcomes, including reduced rates of nutrition-related diseases and improved immune system function.
- **Empowered Communities:** It empowers communities by involving them in decision-making, problem-solving, and implementation. This empowerment fosters a sense of ownership and responsibility for



community well-being. This also leads to greater community acceptance and participation.

- **Community-Led Solutions:** Community members are expected to actively participate in and lead the implementation of nutrition-sensitive interventions, promoting self-reliance and community-led solutions.
- **Reduced Health Inequalities:** Nutrition-sensitive planning aims to reduce health inequalities by addressing the nutritional needs of vulnerable populations, such as children, pregnant women, and the elderly.
- **Increased Resilience to External Shocks:** Communities implementing nutrition-sensitive plans are expected to become more resilient to external challenges, such as climate change, economic fluctuations, and health crises.
- **Enhanced Community Collaboration:** The planning process fosters collaboration and partnerships among diverse stakeholders, including community members, local leaders, healthcare professionals, educators, and NGOs.
- **Community Well-being and Quality of Life:** Ultimately, the expected outcome is an improvement in the overall well-being and quality of life of community members, with positive changes in health, nutrition, and socio-economic indicators.

It's important to note that the specific outcomes can vary based on the context of each community, the nature of the interventions, and the level of community engagement in the planning and implementation processes.

5.2.

MODEL ICDS CENTRES TO ADDRESS MALNUTRITION

5.2.1. Introduction:

The Integrated Child Development Services (ICDS) is a sponsored program by the Government of India, serving as the country's primary social welfare initiative to combat malnutrition and health issues in children under the age of 6 and their mothers. The primary beneficiaries include children under 6, pregnant and lactating mothers, and adolescent girls. Recognizing the critical importance of the early childhood years for cognitive, social, emotional, and physical development, as well as lifelong learning, the ICDS Program has been instrumental since its launch on October 2, 1975.

The program plays a pivotal role in laying the foundation for the healthy development of children, women, and adolescent girls. It addresses the challenge of breaking the vicious cycle of malnutrition, impaired development, morbidity, and mortality in young children. By responding comprehensively to the interconnected needs of children under 6, pregnant women, lactating mothers, and adolescent girls, ICDS contributes to holistic development.

Furthermore, as India is a signatory to the Convention on the Rights of a Child (CRC), the ICDS can be seen as the nation's commitment to fulfilling the needs and rights of children for a healthy life. The program aligns with international standards and underscores the importance of a comprehensive approach to ensuring the well-being of the most vulnerable segments of the population.

5.2.2. Objectives of ICDS

- To provide nutritional intake to the mothers of young children & also at the time of pregnancy period.
- To improve the nutritional and health status of children below the age of six years.
- To create a base for proper mental, physical and social development of children in India.
- To enhance the capability of the mothers to ensure health and nutritional needs of the children through proper nutrition and health education.
- To reduce the incidences of mortality, morbidity, and malnutrition.

5.2.3. Scope of Services

To achieve the above-mentioned objectives, the Government of India has formulated a comprehensive package of services under the ICDS. These services are aimed at meeting the inter-dimensional needs of women both pregnant women and lactating mothers, children below 6 years and adolescent girls. The following are the six critical services sponsored under ICDS to achieve the objectives:

Services	Target Group	Service Provided by
Supplementary Nutrition	Children below 6 years and Pregnant Et Lactating Women	AWW
Immunization	Children below 6 years and Pregnant Women (PW)	ANM/MO
Health Checkup	Children below 6 years and Pregnant Et Lactating Women	ANM/MO/AWW
Referral Services	Children below 6 years and Pregnant Et Lactating Women	ANM/MO/AWW
Pre-School Education	Children 3-6 years	AWW
Nutrition & Health Education	Adolescent Girls & Women (15-45 years)	AWW/ANM/ASHA

5.2.4. Why Model ICDS?

A model Integrated Child Development Services (ICDS) centre is essential to serve as a benchmark or exemplar for other centres, showcasing best practices and demonstrating an ideal approach to addressing the needs of children, pregnant and lactating mothers, and adolescent girls. Here are several reasons highlighting the need for a model ICDS centre:

- **Demonstration of Best Practices:** A model ICDS centre can showcase best practices in terms of healthcare, nutrition, education, and community engagement. It provides a tangible example of how to implement the ICDS program effectively, serving as a reference for other centres.
- **Training and Capacity Building:** It becomes a training hub where personnel, including Anganwadi Workers and Helpers, can receive training and capacity-building sessions. The centre's success can be used to train staff from other centres, ensuring consistent and high-quality service delivery.
- **Community Awareness and Participation for innovation and Improvement:** By demonstrating successful community engagement strategies like Nutrition Sensitive Village Plan (NSVP), a model ICDS encourages active participation from the community. It can become a focal point for disseminating information about the importance of maternal and child health, nutrition, and early childhood education to develop community-based strategy and innovation to address evolving challenges in maternal and child health and improve service delivery.
- **Monitoring and Evaluation:** A model ICDS centre can be used as a reference point for monitoring and evaluating the effectiveness of the program. By comparing the performance of other centres to the model, authorities can identify areas for improvement and implement necessary changes.
- **Inspiration for Replication:** The success of a model ICDS centre inspires the replication of its practices in other centres. It becomes a source of motivation for Anganwadi workers, healthcare professionals, and community members to adopt similar strategies and achieve positive outcomes.
- **Resource Allocation and Planning:** Policymakers and administrators can use the model centre as a basis for resource allocation and strategic planning. It helps in identifying the key elements that contribute to success and guides the expansion or improvement of services in other centres.
- **Public Advocacy:** A model ICDS centre can be used for public advocacy, highlighting the importance of investing in maternal and child health, nutrition, and early childhood development. Its success stories can be shared with the public to garner support and promote awareness.

5.2.5. Critical Features of Model ICDS:

A model Integrated Child Development Services (ICDS) centre typically incorporates several critical features that set it apart as an exemplary facility. While specific features may vary, here are some common characteristics of a model ICDS centre:

- **Comprehensive Health and Nutrition Services:** A model ICDS centre offers a comprehensive range of health and nutrition services, including regular health check-ups, immunization, and the provision of supplementary nutrition for children, pregnant women, and lactating mothers.
- **Early detection of Malnourished children:** An initial assessment should consist of measurement of length or height, weight, triceps, and subcapsular skinfolds; dietary and feeding history and a review of medical history; and biochemical testing as indicated by the medical and dietary histories.
- **Quality Early Childhood Education:** The centre provides high-quality early childhood education programs that focus on the cognitive, social, and emotional development of children aged 3 to 6 years. It may include age-appropriate learning materials, activities, and a conducive learning environment.
- **Well-Trained and Motivated Staff:** The centre is staffed with well-trained and motivated personnel, including qualified Anganwadi Workers and Helpers. Continuous training and capacity-building programs ensure that the staff stays updated on the latest practices and approaches in maternal and child health.
- **Community Engagement and Participation:** Model ICDS centres actively engage with the community, fostering awareness about the importance of maternal and child health, nutrition, and early

childhood development. They encourage community participation through events, meetings, and collaborative initiatives. Participatory Learning and Action (PLA) exercises plays vital role in doing this.

- **Innovative Approaches:** Model centres often serve as testing grounds for innovative approaches to address evolving challenges. They may pilot new strategies, technologies, or interventions to improve the effectiveness of ICDS services.
- **Child-Friendly Infrastructure:** The physical infrastructure of a model ICDS centre is child-friendly, with safe and stimulating spaces for children to play and learn. The centre may have age-appropriate learning materials, hygiene facilities, and a welcoming atmosphere.
- **Monitoring and Evaluation Systems:** Model ICDS centres implement robust monitoring and evaluation systems to assess the impact and efficiency of their services. Data collection and analysis help in identifying children and mother in critical health need for improvement and ensuring the delivery of high-quality services.
- **Referral Mechanisms:** The centre establishes effective referral mechanisms to connect beneficiaries with specialized health services when needed. This ensures that cases requiring additional medical attention are appropriately addressed.
- **Technological Integration:** Model centres may incorporate technology for data management, communication, and educational purposes. This could include the use of digital tools for monitoring health records, communicating with communities, and enhancing the educational experience for children.
- **Adaptability to Local Context:** While adhering to national guidelines, model ICDS centres recognize and adapt to the unique needs and social and cultural context of the local community. They may tailor services to address specific challenges and preferences of the population they serve.

5.2.6. Conclusion:

Moreover, a model ICDS centre is instrumental in setting standards, guiding training initiatives, fostering community engagement, and inspiring continuous improvement in the implementation of the ICDS program. The critical features under this collectively contribute to the success and effectiveness of a model ICDS centre, serving as a source of inspiration and guidance for the broader ICDS program. It serves as a catalyst for positive change by showcasing best practices, promotion of innovation, and improvement in delivery of services for the well-being of children, mothers, and communities.

5.3.

COMMUNITY BASED CARE OF SAM/MAM CHILDREN

5.3.1. Background:

Malnutrition continues to remain a matter of grave concern in Bihar. Almost half of the children under the age of five are stunted (low height for age) and one-fifth of them are wasted (National Family and Health Survey [NFHS]-4). One in two girls aged 15–19 years are undernourished and one-third of women in the reproductive age group are undernourished. According to the composite Sustainable Development Goal (SDG) index constructed by the NITI Aayog, Bihar is penultimate in terms of SDG-2 on zero hunger and in terms of overall development indices, it stood last among the states (SDG India Index 2020–21). The findings from NFHS-5, which was released just before the COVID-19 crisis, indicate that there is barely any improvement in malnutrition indicators in Bihar. The COVID-19 outbreak has also severely affected the food and nutrition security of households in rural Bihar.

As per the NFHS-5 report over half (52%) of children under 6 years received services of some kind from an Anganwadi centre in the 12 months preceding the survey. The most common services that age-eligible children receive are immunizations (45%), supplementary food (41%), early childhood care or preschool (39%), and growth monitoring (35%). The service that is least likely to be accessed is health check-ups (34%). Sixty-four percent of mothers of children who were weighed at an Anganwadi centre received counselling from an Anganwadi worker or an ANM. Among children under 6 years, half (51%) of their mothers received any service from an Anganwadi centre during pregnancy, and 46 percent of their mothers received any service while breastfeeding. (Source- <https://rchiips.org/nfhs/NFHS-5Reports/Bihar.pdf>)

So far as Odisha is concerned, there is an improvement in figures relating to child malnutrition as compared to the national averages. Stunting in Odisha has come down significantly from 38.2% in NFHS-4 to 31% in NFHS-5. The percentage of underweight children has gone down from 34.4% to 29.7% and there has been a marginal improvement of 0.2% in the figures concerned with wasting. However, there is a long way to go to achieve top-performing status and zero down the nutrition and food security issues.

5.3.2. Need:

Treatment for severe acute malnutrition (SAM) in India is largely confined to health facilities. Nutritional rehabilitation centres run by the Ministry of Health across the country accept patients for nearly a month of treatment. However, NRC beds are limited, and mothers who accompany their children, are missing important workdays or taking care of their other children and families becomes a challenge.



Community based management of acute malnutrition is a treatment strategy that aims to relocate the treatment of children affected by SAM within the community itself, saving valuable hospital beds, creating loads on healthcare centers that are already overloaded, and logistical and time costs for the families. This allows for a much wider range of SAM treatments than inpatient treatment for SAM.

Community-based care for children suffering from Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) is of paramount importance due to its comprehensive and accessible nature. These approaches recognize the comprehensive challenges faced by affected families and communities, offering a more holistic response to the health and well-being of malnourished children.

One significant advantage of community-based care is enhanced accessibility. In many instances, families residing in remote or underserved areas encounter difficulties in reaching centralized healthcare facilities eventually creating delays in the timely intervention of SAM/MAM children.

Early detection is a critical aspect facilitated by community-based care initiatives. By involving community health workers and families, these strategies actively monitor and identify children with malnutrition at an early stage. Timely identification enables prompt intervention, mitigating the severity of malnutrition and minimizing associated complications without creating additional burdens on families.

Educational components are integral to community-based care, fostering awareness about nutrition, hygiene, and overall child health. Empowering families of children with SAM/MAM with knowledge is a proactive strategy for preventing severity, promoting healthy practices, and ensuring the sustained well-being of children.

Family involvement is critical to community-based care models. Actively engaging families in the care of malnourished children is essential for sustained recovery. Empowering families to make informed decisions about nutrition and health contributes to the overall success of treatment plans.

Cost-effectiveness is another advantage of community-based care. By decentralizing healthcare services, these programs reduce the burden on centralized facilities, optimizing the use of limited resources and ensuring efficient allocation for maximum impact.

5.3.3. Stakeholders:

The key stakeholders engaged in the approach are ICDS Centres, health workers, mothers groups, school teachers and NGO

5.3.4. Process:

Enumeration of SAM children:

The National Family Health Survey and Ministry of Women and Child Development have made great progress in this regard. In 2015-16 survey the NFHS Survey tabulated that around 7.5% of all children are severely malnourished (SAM) .

Specialised foods should be Ready-to-Use Therapeutic Food:

RUTF, Ready to Use Therapeutic Food, is a tried and tested alternative and has been used extensively in the treatment of SAM. With RUTF, the total treatment of SAM child may take upto 6 to 8 weeks only. RUTF is meant as a curative medicinal product only. It is not intended to replace local dietary practices and breast feeding.

Adequate management and implementation:

Policy framework should ultimately be institutionalised with adequate oversight and management from responsible authorities.

General education of mothers about nutrition & feeding practices:

The ideal policy framework should also ensure that mothers are educated about the importance of nutrition practices like breast feeding etc.

Institution of a system for intervention with specialised food:

Here the policy ought to optimise a system of health workers that can intervene regularly in the community. This means that the health workers should be able to (a) detect SAM children; (b) administer feedings with the consent of mothers; (c) monitor future feedings; (d) educate mother and parents about the best nutrition practices.

Community mobilization:

Building relationships and fostering active participation of the community by engaging them directly in the process of nutritional intervention bolsters support for mothers with SAM children, and in turn allows for smoother treatment of SAM kids.

5.3.5. Monitoring:

Community-based care provides a continuum of care, extending support beyond the immediate treatment phase. Ongoing monitoring and assistance are critical in preventing relapses and promoting long-term health outcomes.

A regular growth monitoring and recording are necessary to monitor the progress of the child and sharing the result with the family is crucial. This gives an idea about the progress in the nutritional status and improvising the plan according to the status of the child. Counseling and educating families on the importance of nutrition, preparing nutritious food, and monitoring the progress of the child is very important.

5.3.6. Sustainability:

Creating awareness in the families and community is the way to create a SAM/MAM free village. Strengthening of CBOs, their active involvement in the monitoring of services being provided under government programs, and a strong grievances readdressed system is the key to it.

In conclusion, community-based care for SAM and MAM recognizes the unique needs of affected populations and offers a comprehensive, accessible, and culturally sensitive approach. By addressing the broader context of malnutrition and involving communities actively, these programs aim not only to treat acute malnutrition but also to prevent its recurrence and promote sustained health and well-being.



5.4.

POULTRY FARMING: ALTERNATIVE LIVELIHOOD TO ENHANCE HOUSEHOLD FOOD SECURITY

5.4.1. Background

Since its inception in April 2021, Global Program India has been steadfastly committed to combating malnutrition in select regions of the country. Focused on five districts of Bihar – Purnea, Munger, Patna, Kaimur, and Saharsa – the program targets 75 villages where malnutrition is a prevalent challenge. The communities in these areas are economically deprived, heavily reliant on government entitlements, and face significant nutritional deficiencies in their daily diet.

The primary dietary intake in these regions is predominantly carbohydrate-based, leading to widespread malnutrition. Government schemes, while present, fall short in meeting the comprehensive nutritional needs of these populations. Acknowledging this gap, Global Program India initiated a pivotal move towards nutritional enhancement through a poultry distribution and training program. This initiative specifically supports families with malnourished children and those with pregnant and lactating women.

The choice of poultry as a solution is strategic and considerate of the local context. The communities we work with are predominantly landless, eliminating the possibility of cultivating kitchen gardens as a source of nutrition. Poultry farming, in contrast, is feasible, scalable, and offers multiple benefits. It not only addresses the immediate need for protein and vitamin sufficiency but also provides a potential source of income during times of necessity. Moreover, in periods when vegetables are either unavailable or prohibitively expensive, poultry serves as a vital nutritional supplement.

Through this initiative, Global Program India aims not just to alleviate the immediate crisis of malnutrition but also to empower communities towards sustainable self-sufficiency in their nutritional health. This program is a step towards a future where nutritional security is a reality for every family in these regions.

5.4.2. Need

The imperative need for the "Nurturing Wings" program stems from the dire nutritional deficiencies observed in the communities we serve. Children in these areas are alarmingly affected by stunting, wasting, and being underweight. Pregnant and lactating women face critical challenges, including insufficient weight gain during pregnancy, impacting both maternal and child health.

The dietary limitations in these communities are stark. The predominant source of protein, lentils, is grossly inadequate for the growth and development needs of mothers and children. This inadequacy is further exacerbated by the issue of landlessness, which restricts opportunities for diverse and nutritious food sources.

Poultry emerges as a viable and effective solution to these nutritional challenges. Its feasibility lies in the minimal space requirements, making it accessible to even landless families. Chickens can sustain themselves by foraging for insects and consuming kitchen leftovers, making their maintenance both practical and cost-effective. More importantly, the nutritional benefits of poultry, particularly eggs, are substantial. A single boiled egg is a powerhouse of essential nutrients – including Vitamins A, B2, B5, B6, B12, D, E, and K, along with folate, phosphorus, selenium, calcium, and zinc. This nutritional profile, featuring 6 grams of protein and 5 grams of healthy fats per egg, is vital for the health and development of the community.

Moreover, poultry farming has the potential to evolve into a sustainable livelihood. With proper care, the poultry population can grow, providing a steady source of nutrition and the possibility of income generation

through the sale of eggs and chickens. This scalability makes poultry not just a solution for individual families but for the entire community.

In essence, adopting poultry farming could be a masterstroke in addressing the multifaceted challenge of malnutrition. It offers a practical, sustainable, and scalable solution that aligns with the living conditions and needs of the communities we are dedicated to supporting.

5.4.3. Stakeholders

The "Nurturing Wings" program is strategically designed to involve a wide array of stakeholders, ensuring broad reach and sustainability. The primary beneficiaries of this initiative are pregnant women, lactating women, and children aged 0-6 years, who are the most vulnerable to the adverse effects of malnutrition.

To effectively identify and support these beneficiaries, the program collaborates with various community health and support workers, including Integrated Child Development Services (ICDS) workers, Accredited Social Health Activists (ASHA), and Jeevika resource persons. These local health workers play a crucial role in pinpointing those in dire need of nutritional support and are instrumental in implementing the training component of the program.

Furthermore, the program operates in close collaboration with government bodies, non-governmental organizations (NGOs), and Civil Society Organizations (CSOs) that are active in similar thematic and programmatic areas. This includes partnerships with state-sponsored self-help groups and specific NGOs. These collaborations are vital for leveraging existing networks and resources, ensuring a holistic approach to addressing malnutrition.

The inclusion of these multi stakeholders is a deliberate strategy to amplify the program's reach and ensure its long-term sustainability. By pooling together the strengths and expertise of various entities, "Nurturing Wings" aims to create a robust support system that not only addresses immediate nutritional needs but also fosters a sustainable model for future health and well-being in these communities.

5.4.4. Process

The operational process of the "Nurturing Wings" program is meticulously structured to ensure effective identification and support of beneficiaries, as well as sustainability in the long term. The process is as follows:

Quarterly Monitoring at ICDS Centres: Every quarter, growth monitoring sessions are conducted for children aged 0-6 years at local ICDS centres. Alongside this, health monitoring is carried out for pregnant and lactating women. These sessions are crucial for early detection of malnutrition indicators such as Moderate Acute Malnutrition (MAM) or Severe Acute Malnutrition (SAM) in children, and insufficient weight gain in pregnant and lactating women.

Identification of Beneficiaries: Families with children falling into the MAM/SAM categories or showing signs of stunting and wasting, as well as women with inadequate weight gain, are identified as beneficiaries of the program. This targeted approach ensures that the assistance is directed towards those who need it the most.

Training and Distribution of Poultry: Identified families receive training on poultry farming, focusing on the care, feeding, and management of chickens. Following this, they are provided with a starter set of locally-sourced chicks. This approach not only addresses the immediate nutritional needs but also empowers families with the skills to sustain poultry farming in the long run.

Regular Monitoring for Chicken Welfare: Post-distribution, the program includes regular monitoring to ensure the health and survival of the chickens. This step is vital to minimize mortality rates and maximize the benefits of poultry farming for the families.

Sustainability and Scaling Up: A unique aspect of the program is its focus on sustainability and community support. Once a family's poultry population reaches 20 chicks, they are encouraged to assist another family by providing them with chicks at a nominal price. This approach fosters community solidarity and ensures the scalability of the program, enabling it to benefit an expanding number of families over time.

Through these steps, "Nurturing Wings" not only provides immediate nutritional support but also lays the foundation for a self-sustaining, community-driven solution to combat malnutrition in the long term.

5.4.5. Monitoring

The monitoring mechanism of the "Nurturing Wings" program is a critical component, ensuring the effectiveness and continual improvement of the initiative. This process is outlined as follows:

Bi-monthly Monitoring: Monitoring is conducted every 15 days by community animators and volunteers from Global Program India. This frequent assessment allows for timely identification of any issues and ensures that the program remains on track towards achieving its goals.

Involvement of Supporting Agencies: Key local support agencies play a pivotal role in the monitoring process. This includes Anganwadi workers, ASHA workers, and members of Self-Help Groups (SHGs). Their deep understanding of the community and its needs makes their input invaluable for the program's success.

Recognition and Awards: To encourage participation and excellence, families that show significant progress and positive outcomes are recognized and awarded during group functions. This not only motivates the beneficiaries but also fosters a sense of community achievement and pride.

Feedback and Challenge Resolution: An essential aspect of the monitoring process is the collection of feedback and recording of challenges faced by the beneficiaries. This feedback is crucial for adapting and refining the program. It ensures that the process is responsive to the specific needs and circumstances of the community, leading to more effective and sustainable outcomes.

Continuous Improvement: The collected feedback and challenges are regularly reviewed to make necessary adjustments to the program. This dynamic approach allows "Nurturing Wings" to evolve and improve continuously, enhancing its impact and efficiency over time.

Through this comprehensive monitoring framework, "Nurturing Wings" ensures that the program not only meets its immediate objectives but also adapts and grows in alignment with the community's evolving needs.

5.4.6. Expected Outcomes

The "Nurturing Wings" program is designed with the expectation of achieving several key outcomes:

Reduction in Malnutrition Rates: A primary outcome is the tangible reduction in malnutrition rates among children aged 0-6 years, and improved nutritional status of pregnant and lactating women in the targeted communities.

Increased Protein and Nutrient Intake: Through the provision of poultry and eggs, the program aims to significantly increase the intake of essential proteins and nutrients among the beneficiaries, directly addressing the prevalent issue of dietary deficiencies.

Sustainable Livelihood Opportunities: By training families in poultry farming, an expected outcome is the creation of sustainable livelihood opportunities, contributing to the economic empowerment of the communities.

Community Empowerment and Self-Sufficiency: The program anticipates fostering a sense of self-sufficiency within the community, as families learn to sustain their poultry farming activities and support each other in the process.

Scalability and Replication: The success of the program is expected to pave the way for its scalability and replication in other similar contexts, amplifying its impact on a broader scale.

5.4.7. Conclusion

In conclusion, the "Nurturing Wings" program represents a holistic approach to tackling the complex challenge of malnutrition in marginalized communities. By focusing on sustainable, community-driven solutions, the program not only addresses immediate nutritional needs but also empowers beneficiaries with the skills and resources needed for long-term well-being. The integration of local stakeholders and the emphasis on continuous monitoring and feedback ensure that the program remains responsive and effective in its mission.

The expected outcomes of reduced malnutrition rates improved nutritional intake, sustainable livelihoods, and community empowerment underline the program's potential to create lasting positive change. As we move forward, "Nurturing Wings" stands as a testament to the power of collaborative, community-centric approaches in addressing some of the most pressing health and social challenges of our time.

5.5

NUTRITION GARDEN: AN APPROACH TO REDUCE THE PROBLEM OF MALNUTRITION.



5.5.1. Introduction:

Ensuring yearlong dietary diversity for the family, especially women in reproductive age and children, is one of the many challenges faced by the socioeconomically backward sections of our country.

As the global population is projected to exceed 9 billion by 2050, to meet the demands producing more food and storing extra supplies remains critical. Given this situation, nations worldwide, particularly countries like India where nutrition and food security are a concern, are employing various approaches to meet rising demands and prevent food insecurity. Recently, there has been a growing emphasis on fortifying and amplifying local food production to alleviate the impact of global food crises and fluctuations in food prices. As a result, there's considerable attention directed toward "Nutrition Gardens" at the household level or at facilities like Schools, AWCs, etc, to improve both food security and nutrition. These nutrition gardens are becoming an integral component of local food systems and the agricultural framework in many developing nations to address the demands and nutrition issues at the local level.

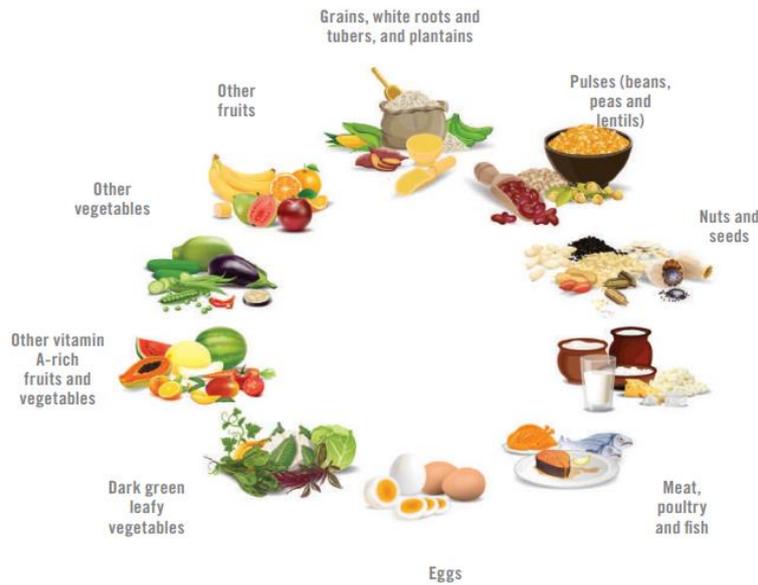
The government of India has launched programs to ensure food security and access to quality food, and addressing issues like malnutrition, anaemia demands multiple strategies. Community and nutrition gardens emerge as crucial players in supporting the nation's food security and diversifying diets to combat the widespread problem of malnutrition. Fruits and vegetables from the Nutrition gardens are good sources of micronutrients especially in poor households. Rural areas have space and involving farming communities to establish a kitchen garden is the best strategy as they are already involved in agricultural activities.

Creating and maintaining a nutrition garden is a valuable strategy to address the issues of nutrition and food security. Here's how nutrition gardens can contribute to improving nutrition and food availability:

1. **Diverse Crop Cultivation:** Nutrition gardens focus on growing a variety of fruits, vegetables, herbs, and plants that are rich in essential nutrients. This diversity helps ensure a balanced diet and access to a wide range of vitamins, minerals, and antioxidants.
2. **Local Food Production:** Nutrition gardens are usually small-scale gardens cultivated near homes, schools, or community centers. They promote local food production, reducing reliance on external food sources and ensuring access to fresh, nutritious produce.
3. **Improved Dietary Diversity:** Incorporating a range of crops in a nutrition garden enhances dietary diversity. This is crucial in combating malnutrition and deficiencies by providing a broader spectrum of nutrients to individuals and communities.
4. **Accessibility and Affordability:** Nutrition gardens increase access to fresh, nutrient-rich food, particularly for households with limited resources. They offer a cost-effective way to access nutritious produce and can reduce the financial burden of purchasing expensive fruits and vegetables.
5. **Educational Opportunities:** Nutrition gardens serve as practical learning spaces. They provide opportunities for education on agriculture, nutrition, and healthy eating habits, especially for children, fostering a deeper understanding of food production and its nutritional value.
6. **Community Engagement:** Nutrition gardens often involve community participation, encouraging collaboration and shared responsibility for food production and consumption. This strengthens community ties and empowers individuals to take an active role in improving their own nutrition.
7. **Environmental Sustainability:** These gardens often employ sustainable agricultural practices, such as organic farming, composting, and water conservation, contributing to environmental sustainability by reducing chemical use and promoting biodiversity.
8. **Supplemental Nutrition Programs:** Nutrition gardens can complement existing food programs, such as school feeding programs or community nutrition initiatives, by providing a local and sustainable source of nutritious food.
9. **Supporting Vulnerable Populations:** Nutrition gardens can specifically target vulnerable populations, including women, children, and the elderly, who may be more susceptible to malnutrition. Tailoring the garden's produce to meet the nutritional needs of these groups can have significant health benefits.

Nutrition gardens offer a small-scale and cost-effective method to guarantee wholesome food and well-rounded nutrition. These are successful and enduring approaches to enhancing nutritional levels among low-income rural households by integrating food production within homes. Micro-gardening stands out as a creative answer to ensuring food security, providing job opportunities for young people, and offering an additional source of income in developing nations.

Establishing and maintaining nutrition gardens requires community involvement, knowledge sharing, and ongoing support. When implemented effectively, these gardens can play a vital role in improving nutrition, promoting food security, and enhancing overall well-being within communities.



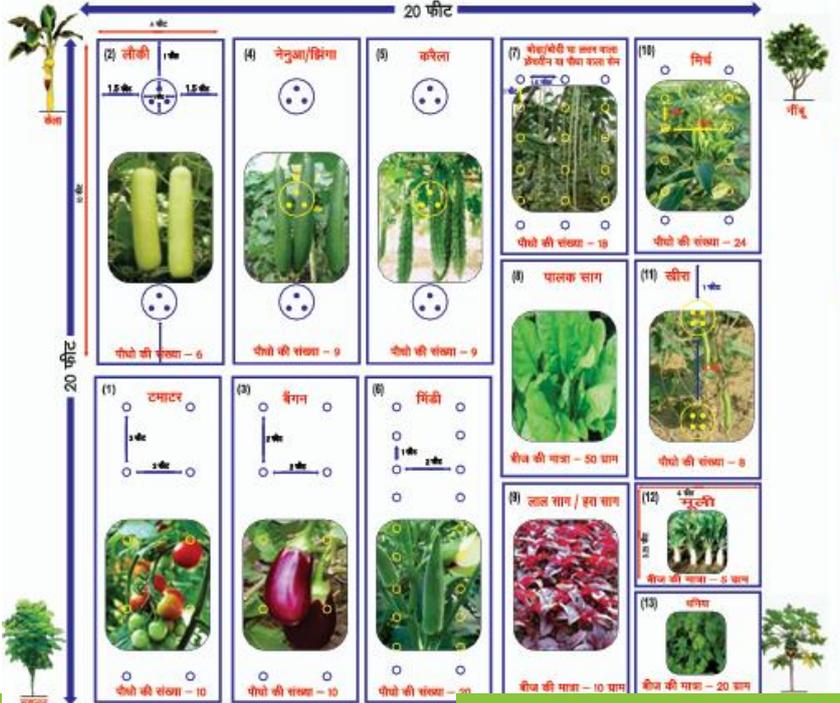
**5 Out Of The 10 Food Groups
Must Be Consumed Every Day
To Ensure Minimum Dietary
Diversity**

source: Nutrition Garden good practices guideline

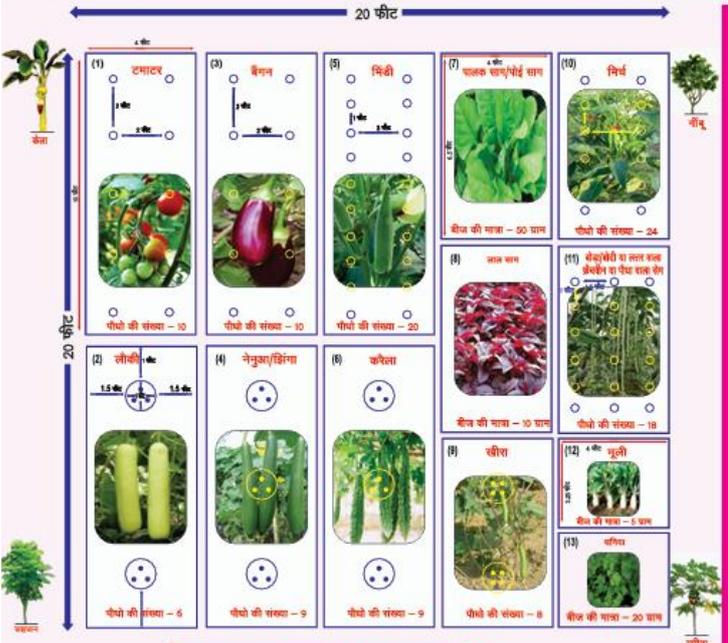
5.5.2. Requirement of Nutrition Garden:-

- Planning
- Layout and site selection
- Soil preparation
- Water source available
- Selection of good quality seeds of vegetables. Select vegetables that are hardy, easy to grow adapted to the local climate and soil.
- Select vegetables liked by the family members, particularly women and children.
- Select a diverse range of vegetables, because all have different nutritional qualities.
- Quality planting materials (Seed, cutting, seedling and tubers) of the selected vegetables must be locally available and easily accessible by the family members.
- Include improved varieties but also traditional varieties to maintain agro- biodiversity and cultural heritage.
- Human resources to take care and Spare time available for its care
- Fencing for protection

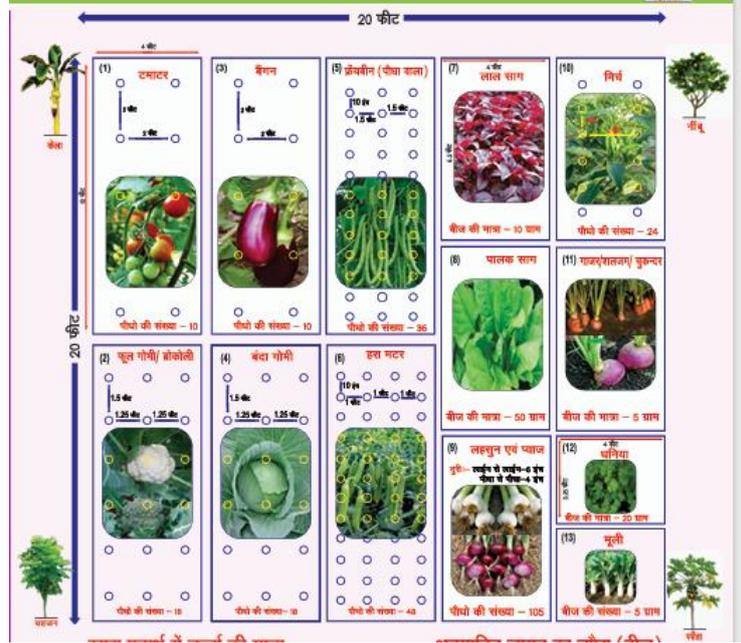
मौसम - जायद/गरमा (जनवरी से जून तक)



मौसम- खरीफ (जून से अक्टूबर तक)



मौसम- रबी (अक्टूबर से फरवरी तक)



क्षेत्रफल :- क्यारी सं. 1 से 6 तक - 40 वर्ग फीट
 क्यारी सं. 7 से 11 तक - 26 वर्ग फीट
 क्यारी सं. 12 से 13 तक - 13 वर्ग फीट

garden Guideline by Jeevika

5.5.3. Sustainability and follow up plan:

Community Vegetable Nursery

- The nursery saves the quantity of vegetable seed and provides proper care of seedlings to produce quality and reliable seedlings. Seedlings/saplings of vegetables/plants such as brinjal, chili, tomato, cabbage, cauliflower, banana, Moringa, Papaya plant etc. are raised in the nursery.
- It improves access of the community to seedlings at a reasonable price.
- Encourages entrepreneurship development in the community.
- Locally availability of quality seedlings at a reasonable price.
- This will help promote a nutrition garden leading to enhanced access and utilization of green and fresh vegetables for better nutrition.
- The activity sustains the practice in the community towards food and nutrition security.

5.6.

CAMPAIGN ON BALANCE DIET FOR SCHOOL CHILDREN



5.6.1. Background:

Children are future of our country. Their healthy nutrition in early life will enable us to have healthy and disease-free society, which, in turn, will improve overall outcome of growth and intelligence of our future population. Poor nutrition in early life slows down physical as well as mental growth and affect capability. This also gives rise to frequent infections. All that, in turn, may affect physical, cognitive as well as intellectual abilities of our children. Cultivating healthy eating habits in early life is the duty of all the parents. As age passes, Poor nutrition can result from lack of food or wrong food choices. Overeating is also poor nutrition and is equally harmful in long run. Good nutrition is just not enough caloric intake but it relies on a solid nutritional foundation, which includes the correct amount of each required nutrient, from healthy sources and at proper time.

3.6.2. Need:

Implementing a campaign on balanced diet in schools is crucial for fostering the holistic development and well-being of students. A balanced diet plays a pivotal role in supporting physical health, cognitive function, and overall academic performance. By promoting awareness about the importance of a balanced diet, schools can empower students to make informed and healthier food choices. Such campaigns can provide valuable

information on the essential nutrients required for growth and development, emphasizing the significance of incorporating a variety of food groups into daily meals. Educating students about the adverse effects of poor dietary habits, such as obesity and nutritional deficiencies, helps instill a sense of responsibility for their own health. Moreover, a school-based campaign on balanced nutrition can create a positive and supportive environment, encouraging healthier eating habits not only within the school premises but also influencing habits at home. Ultimately, fostering a culture of nutrition awareness in schools contributes to the overall well-being of students, setting the foundation for a healthier and more productive future.

5.6.3. Stakeholders:

A campaign on balanced diet in schools involves various stakeholders who play crucial roles in its planning, implementation, and success. The key stakeholders include:

Students: Students are the primary beneficiaries of the campaign. They need to understand the importance of a balanced diet, make informed food choices, and adopt healthier eating habits. They need to inculcate the habits and ensure its implementation at home also. This will help to achieve the various aspects of major health programs.

Teachers and School Staff: Educators are instrumental in delivering the campaign messages and integrating nutrition education into the curriculum. They can also serve as role models, promoting healthy eating behaviors within the school community and ensuring that children are practicing what they have taught on regular basis.

Education Department: education authorities need to support the campaign by incorporating nutrition education into school curricula, developing guidelines for school meals, and providing resources for educational materials and events.

Local Community and PRI: Local communities and businesses can contribute by sponsoring events, providing resources, and collaborating with schools to promote access to healthy food options within the community.

By engaging and collaborating with these stakeholders, a school-based campaign on a balanced diet can have a more comprehensive and sustained impact on the health and well-being of students.

5.6.4. Process:

Location Assessment: The first team needs to identify the locations and challenges related to the nutritional status of the children. This helps to improvise the curriculum as per the need.



Goal Setting: Define clear and measurable goals for the campaign. For example, increasing awareness of balanced nutrition, improving school lunch options, or promoting healthier snacks.



Stakeholder Engagement: Identify and involve key stakeholders, including students, parents, teachers, school administrators, and school management committee members. Getting approval from the Education department to go ahead with the campaign.



Curriculum design: design the session plan to address the needs of and objective of the campaign and develop age-appropriate materials and activities that align with educational standards along with Campaign Materials and Resources, such as pamphlets, posters, and digital content, to convey key messages about balanced nutrition. Develop resources for teachers, including lesson plans and classroom activities.



Organizing Event: Initial training should be provided by the team where Teachers can be oriented, and they can be trained to manage these sessions in the Future. This will also help to make such initiative and its impact sustainable. Incorporate Practical Learning to explain the importance of nutrition in the life cycle, understanding different food groups, involving kids in kitchen gardening activities, taking them to farms to show them different local foods etc. to provide hands-on experiences related to balanced nutrition.

Follow up to create a Healthy School Environment: Collaborate with the school Teachers to enhance the nutritional quality of school meals by having a healthy meal and practicing hygiene practices regularly.

Monitoring and Evaluation: Assess the impact of the campaign through feedback, focus groups, or other evaluation methods. Adjust strategies based on feedback and outcomes to ensure continuous improvement.

Sustainability: A module has been developed for the teachers so that they can do such campaign and follow it up on the regular basis. This is important for sustaining the campaign's impact over the long term. Integrate nutrition education into the ongoing activities of the school, ensuring it becomes a permanent aspect of the school culture.

Community Outreach: Extend the campaign's reach beyond the school by engaging with the local community.

5.7. POSHAN MELA- A DEDICATED CAMPAIGN: EMPOWERING COMMUNITIES FOR SUSTAINABLE NUTRITION AND HEALTH



5.7.1. Context and need:

The focal point of Poshan Maah is to cultivate widespread awareness concerning critical human life stages: pregnancy, infancy, childhood, and adolescence. The aim is to foster nutritional understanding across India through creating a "Suposhit Bharat, Sakshar Bharat, Sashakt Bharat" (Nutrition-rich India, Educated India, Empowered India). the objective of Poshan mela is to comprehensively tackle malnutrition through a life-cycle approach.

Caritas India under global programs and in collaboration with its Partners, collaborates with the government for the dedicated campaign "Poshan Mela." This strategic campaign aims to support and enhance the government's efforts towards achieving Sustainable Development Goals (SDGs), particularly in areas concerning health, nutrition, and overall well-being.

Global Program India along with Its Partner is actively engaged with the community, CBOs, CSOs, and concerned Government department to address the issues of Nutrition and Food Security, in 6 districts of Bihar and Orissa. Every year the month of Poshan Mah which is dedicated to nurturing a healthier, more educated, and

empowered community. With the aim of "Suposhit Bharat (healthy India), Sakshar Bharat (educated India), Sashakt Bharat (empowered India)," the program embarked on a journey towards inclusive and holistic development. Global Program joins the hands with government campaign "Poshan Mela" to organize events at a large scale in Bihar and Orissa to engage the concerned stakeholders and create awareness at the mass level about the challenges of nutrition and food security and how we can address those challenges.

The Sustainable Development Goals (SDGs) set by the United Nations encompass a broad spectrum of global challenges, including ending poverty, ensuring good health and well-being, and promoting quality education, among others. Within this framework, SDG 2 specifically targets zero hunger and improved nutrition. However, achieving these goals demands concerted efforts, especially in regions with vulnerable populations facing issues of malnutrition, inadequate health facilities, and limited access to essential resources.

5.7.2. Plan:

The Poshan Mela campaign by Caritas India operates as a proactive strategy to address these challenges. The campaign's multifaceted plan includes:

1. **Awareness and Education:** Conducting educational programs, workshops, and community outreach activities to raise awareness about the importance of nutrition, health, and hygiene practices. This includes educating caregivers, mothers, and local communities on the significance of balanced diets and good nutritional practices.
2. **Community Engagement:** Engaging local communities through interactive sessions, nutritional demonstrations, and community-based events like health camps and cooking demonstrations. This approach fosters active participation and understanding within the community.
3. **Partnerships and Collaborations:** Collaborating with local stakeholders, government bodies, NGOs, and healthcare institutions to pool resources, expertise, and support for the campaign's objectives. This ensures a comprehensive approach and maximizes impact.
4. **Sustainable Solutions:** Implementing sustainable solutions and interventions tailored to the specific needs of the communities. These interventions may include setting up community kitchens, providing nutritional supplements, supporting local agriculture, and promoting breastfeeding practices.

5.7.3. Strategy:

The Poshan Mela campaign employs the following approach:

- **Strategy:** Creating a comprehensive roadmap that outlines the goals, targeted areas, and key stakeholders involved. Identifying the gaps and challenges and devising strategies to address them effectively.
- **Tactics:** Implementing targeted tactics such as behavior change communication, capacity building, and leveraging technology for data collection and monitoring progress.
- **Actions:** Executing the planned activities including organizing health camps, distributing educational materials, conducting workshops, and providing support for local initiatives.
- **Results:** Continuously monitoring and evaluating the campaign's impact through measurable indicators, assessing the improvement in nutrition indicators, health outcomes, and community engagement levels.

3.7.4. Stakeholders:

Local Government stakeholders from the line department, ASHA workers, Anganwadi workers, CBO's, CSO's, Local Healthcare Providers, Women's Self-Help Group, Women Community Leaders, Young Mothers & Adolescent Girls, Sanitary & Nutrition Committee members, Block-level officers.

5.7.5. Conclusion:



The Poshan Mela campaign by Caritas India stands as a commendable model implementation strategy that complements the government's initiatives aimed at achieving the Sustainable Development Goals. Through strategic planning, community engagement, and collaborative efforts, this campaign strives to make a significant difference in improving nutrition, health, and overall well-being, thereby contributing to the broader global agenda of sustainable development.

Poshan Abhiyaan 2.0 brings together the Integrated Child Development Services (ICDS)—Anganwadi Services, Supplementary Nutrition Programme, Poshan Abhiyaan, Scheme for Adolescent Girls and National Crèche Scheme which aims to reduce malnutrition, through a lifecycle concept by adopting a synergised and result-oriented approach.

The convergence pillar under the Poshan Abhiyaan 2.0, through the convergent nutrition action plans at state, district and block levels, promotes coordinated and cross-sectoral efforts involving all critical line departments that contribute to nutrition. Cross-departmental collaboration aims to put in place mechanisms to overcome the lack of synergy through robust convergence mechanisms.

3.7.6. Ministries are working on Poshan Abhiyaan 2.0 Programme

Ministries are working on Poshan Abhiyaan 2.0

Programme	Ministries & Departments
ICDS	Women & child development ministry
Sabla- Adolescent girls programme	Women & child development ministry
Immunization programme	Health & Family welfare ministry
Mid-day meal programme	Ministry of HRD
Vit.A supplementation programme	Health & Family welfare ministry
National Nutritional Anaemia control	Health & Family welfare ministry
National Iodine deficiency control disorder	Health & Family welfare ministry
National rural drinking water programme	Ministry of drinking water and sanitation
Total sanitation campaign	Ministry of rural development

5.8.

WE4RESILIENCE CAMPAIGN: A CAMPAIGN TO BUILD A RESILIENT COMMUNITY.

5.8.1. Background:

An awareness campaign on social issues is essential to foster understanding and empathy within communities. By highlighting prevalent social challenges, these campaigns create a platform for open dialogue, breaking down stigmas and fostering a collective sense of responsibility. Through education and increased awareness, individuals become more informed about the struggles faced by marginalized groups, leading to greater community cohesion and support.

Caritas India under Global Programme India is implementing we4resilience campaign which aims to increase awareness public visibility, and awareness, and engage stakeholders to strengthen networks at different administrative levels in the programme areas.

5.8.2. Need:

Campaign under any development programmes is important for several reasons. Awareness campaigns empower communities by providing them with information about available resources, government programs, and their entitlements. This knowledge is instrumental in enabling individuals to actively participate in the development process, make informed decisions, and hold authorities accountable for the effective implementation of development programs. In essence, campaigns under development programs contribute to building informed, engaged, and resilient communities that actively participate in and benefit from the broader goals of sustainable development.

5.8.3. Stakeholders/ Beneficiaries:

The stakeholders engaged through the campaign related activities are government, UN agencies, academic institutions, media, civil society stakeholders from the DRR and humanitarian sector, Nutrition and Food Security sector, Social Inclusion sector (education and welfare), including all our partner organizations, school children, volunteers, local committees, and public. The stakeholders are engaged in events such as SAMVAAD (community dialogue), exhibitions, and consultation meetings at district, state, national and international levels.

5.8.4. Process:

The series of annual events is planned and implemented through these campaigns three levels Micro (village and Panchayat level), Messo (Block and District level), and Macro level (State, National level)

1. Micro Level

(Three days event at community level)

Day 1

Trained partner staff and volunteers provide orientation to the community on thematic concepts and technical "Know-How" on diverse topics. Through this exercise participants should have gained a comprehensive understanding of thematic concepts and acquired technical "Know-How" on diverse topics, empowering them to actively engage and contribute to community initiatives during the three-day event.

Day 2:

A Poster exhibition is organized in a local school within the village by engaging all local stakeholders for public awareness and strengthening coordination between different stakeholders. We have used 19 different types of posters which comprises of all three themes. (Attached poster details below) the poster exhibition at the local school aims to effectively communicate the three thematic concepts to the community, enhance public awareness, and foster collaboration and coordination among diverse local stakeholders. By the end of the day, attendees should have engaged with the 19 different types of posters, gaining a holistic understanding of the themes and actively participating in strengthening community bonds and coordination efforts. The poster exhibition at the local spots aims to achieve the following:

- Increase awareness within the community about disaster risk reduction, nutrition and food security, and social inclusion.
- Foster a deeper understanding among attendees regarding the significance of these three themes, encouraging informed decision-making and proactive participation in community initiatives.
- Strengthen coordination and collaboration among local stakeholders by creating a platform for engagement and dialogue during the exhibition, promoting unified efforts towards disaster resilience, improved nutrition, food security, and social inclusion within the community.

We4Resilience Campaign Posters		
Disaster Risk Reduction	Nutrition and Food Security	Social Inclusion
<i>Understanding Disasters</i>	<i>Balance Diet</i>	<i>Child Labour Act 2016</i>
<i>Steps for Contingency Plan Preparation</i>	<i>Nutrition Provider</i>	<i>Right to Education Act 2009</i>
<i>Various steps for preparation of contingency plan</i>	<i>Malnutrition Form</i>	
<i>Atal Pension Yogna</i>	<i>Integrated Child Development Schemes</i>	
<i>PM Jeevan Jyoti Bina Yogna</i>	<i>Millets</i>	
<i>PM Suraksha Bima Yogna</i>		
<i>PM Shram Yogi Man Dhan Yogna</i>		
<i>PM Fasal Bima Yogna</i>		
<i>Raised Platform/ Flood</i>		
<i>Resilient Structure</i>		
<i>Vaccination</i>		
<i>WASH</i>		
<i>Inclusive DRR Plan</i>		

Day 3:

A community dialogue “SAMVAAD” is organized in the village to discuss local issues; and the recommendations are shared with the local government authorities. Recommendations from all villages are consolidated for discussion at district level consultations. Community consultation SAMVAAD aims to

- Facilitate open and constructive discussions among community members to identify and address local issues affecting the village.
- Generate actionable recommendations through consensus-building that reflect the collective concerns and aspirations of the community.
- Share these recommendations with local government authorities to enhance communication channels and promote community-driven solutions to address identified issues.
- Contribute to the larger district-level consultations by consolidating recommendations from all participating villages, thereby influencing broader policy discussions and actions at the district level.

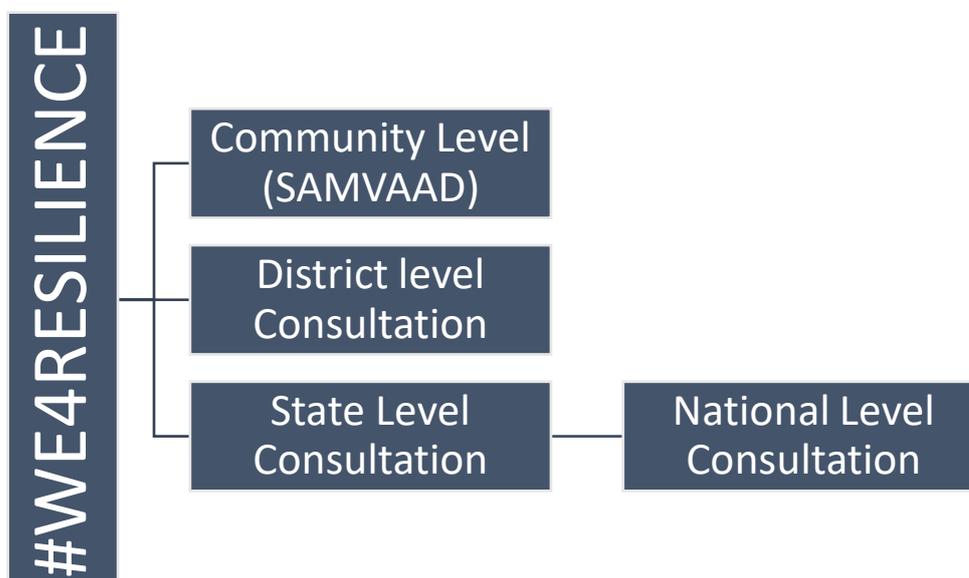
2. Messo Level:

Partner organizations in coordination with the Inter-Agency Group (IAG) and District Administration organize district consultation meetings based on the consolidated village-level consultations. The district-level issues are discussed, and recommendations are shared with the district government. The district-wise recommendations are consolidated for discussions at state-level consultations.

3. Macro Level:

Forums in coordination with the Inter-Agency Group and State Government organize state consultation meetings based on the consolidated district-level consultations. The state-level issues are discussed, and recommendations are shared with the state government. The state-wise recommendations are consolidated for discussions at national-level consultations.

5.8.5. Campaign Strategy:



5.8.6. Monitoring:

Monitoring is a critical component for evaluating the effectiveness and impact of a year-long campaign. This process entails systematic observation, measurement, and evaluation of various elements throughout the campaign's lifecycle. To ensure a comprehensive approach, day-to-day activities are closely monitored, with a specially designed Management Information System (MIS) sheet facilitating data collection.

For real-time updates on the campaign's progress and events spanning three days, a dedicated whatapp group is utilized. This serves as a central hub for collecting and disseminating information. It enables efficient tracking of daily activities, ensuring that the campaign stays aligned with its objectives. This integrated approach ensures that the year-long campaign remains responsive, impactful, and well-documented throughout its duration.

5.8.7. Expected outcome:

Increased Awareness: The campaign may seek to enhance public understanding and awareness of a particular issue, leading to increased knowledge and consciousness among the target audience.

Behavioural Change: Successful campaigns often aim for changes in behaviour, encouraging the adoption of specific practices or actions. This could include lifestyle changes, adherence to guidelines, or participation in community initiatives.

Community Engagement: A campaign might aim to foster active engagement and participation within the community, building a sense of collective responsibility and empowerment.

Attitude Shift: Changing public attitudes or perceptions is a common outcome for campaigns. This could involve reducing stigma, dispelling myths, or promoting positive attitudes toward a specific issue.

Measurable Impact: Campaigns often strive for tangible, measurable results, such as a decrease in specific metrics related to the issue at hand or an increase in positive outcomes.

Policy Impact: We4Resilience campaigns focus on influencing policies and advocating for systemic changes. The expected outcome could be the development or amendment of policies that align with the campaign's objectives.

5.8. 8. Conclusion

The we4resilience campaign aimed at creating a favorable environment for the representatives of civil society and partner organizations to actively engage in policy dialogue on scalable models and practices. The important activities organized under the campaigns are community awareness with IEC materials, poster exhibitions in schools and villages, growth monitoring drives, poshan melas, mock drills and village-level consultations called SAMVAD. The findings and recommendations of the Samvads were shared in the district and state level consultation for better service access and policy influence.

5.9.

SOCIAL AUDIT: A TOOL FOR STRENGTHENING COMMUNITY-BASED ORGANIZATIONS/ CONTROL BODIES.



5.9.01 Background:

The implementation of social audits in Integrated Child Development Centres (ICDCs) is crucial for ensuring transparency, accountability, and the effective utilization of resources. These audits serve as a systematic evaluation tool, examining the social impact and performance of ICDCs in delivering essential services to children and mothers. By fostering community participation and feedback, social audits empower local stakeholders to actively engage in the assessment and improvement of childcare programs, thereby enhancing the overall quality and responsiveness of services provided in these centres. This proactive approach aligns with the principles of good governance and contributes to the holistic development of children in the community.

5.9.2. Need:

Social audits in Integrated Child Development Centres (ICDCs) are imperative to ensure accountability and transparency in the delivery of essential services to children and mothers. They provide a platform for community engagement, enabling local stakeholders to actively participate in evaluating and improving childcare programs. Social audits help identify gaps in service delivery, promote effective resource utilization, and empower communities to voice concerns and suggestions. By fostering a collaborative approach, social audits enhance the overall efficiency and responsiveness of ICDCs, contributing to the well-being and development of children in the community.

5.9.3. Stakeholders/ Beneficiaries:

Social audit process includes both types of stakeholder's community and service providers. Stakeholders in social audits at Integrated Child Development Centres (ICDCs) encompass a diverse group, including:

Local Communities: Residents in the vicinity of ICDCs have a stake in the effectiveness of childcare services and the impact on community well-being.

Parents and Caregivers: Those directly involved with the children benefiting from ICDC services are critical stakeholders, as they are directly impacted by the quality and accessibility of childcare programs.

Healthcare Professionals: Sewaika and Shahika, ANM and other healthcare providers involved in child health and development are key stakeholders, contributing their expertise to the evaluation of healthcare and nutrition services.

Government Officials: Representatives from relevant government departments responsible for child welfare and development are stakeholders as they play a regulatory and oversight role.

Non-Governmental Organizations (NGOs): Organizations focused on child rights, health, and development are often involved in social audits, providing an external perspective and ensuring accountability.

Beneficiaries of social audits at ICDCs includes Children, mother and families and society at large.

5.9.4 Process:

Twice in a year village community in Bihar get an opportunity to review and raise any queries about their local Anganwadi Centre (AWC) and the services provided by it. Pregnant women and mothers of newborn babies in the villages monitor and comment on the services that they receive. A social audit of the Anganwadi centres in every village is supposed to be an audit by the members of the society in seeing whether the Anganwadi can serve the people right. This is an event which takes place every six months and is widely publicized by the organizing department of ICDS. Designated office-bearers along with the citizens get an opportunity to walk up to the Anganwadis and audit the performance of the centre.

The process of social audits at Integrated Child Development Centres (ICDCs) typically involves several key steps:

5.9.5. Preparation and Planning:

They inform all the stakeholders to attend and share their concerns. Define the scope and objectives of the social audit, outlining specific areas of focus such as healthcare services, nutrition programs, and overall child development.

5.9.6. Community Awareness and Participation:

When the dates are announced by ICDS department, programme team share the information regarding organizing social audits at ICDS centres. Conduct awareness campaigns to inform the community about the upcoming social audit, its purpose, and the importance of their active participation. Facilitate community meetings and consultations to gather input, concerns, and expectations from community members.

5.9.7 Information Collection:

Once the event is completed program team gathers relevant information from the community and documents the discussion, about the presence of the members, and representations from the community during SA process. Team members also engage with community members to collect qualitative feedback on the perceived effectiveness of childcare services.

5.9.8. Follow-up

Conduct periodic follow-up social audits to assess the sustained impact of implemented recommendations and address any emerging issues. Use feedback from subsequent audits to iterate and refine the social audit process for continuous improvement.

Throughout the entire process, transparency, community participation, and collaboration among stakeholders are critical for the success of social audits at Integrated Child Development Centres.

5.9.9. Monitoring:

The monitoring plan is essential to formalize the process of follow-up and ensure that it is systematic and effective. Community based monitoring plans are developed to monitor the delivery of services by engaging PRI members and control bodies. Following steps taken under the monitoring process

1. Plan and determine the specific platforms for social audit issues follow-ups.
2. Ensure action points discussed
3. Sharing the challenges and issues faced by community members.
4. Discuss strategies to overcome obstacles.
5. Promote transparency in governance.
6. Empower community members to voice concerns and contribute to decision-making.

5.9.10. Expected Outcome:

The social audit at Integrated Child Development Services (ICDS) centers is anticipated to yield transformative outcomes in childcare delivery and community engagement. The findings are expected to highlight effective practices and identify areas for enhancement, ensuring a comprehensive evaluation. Improved transparency and accountability in resource allocation and service provision are envisaged, fostering trust among stakeholders. The process aims to empower communities by incorporating their feedback into policy adjustments and program design. Successful implementation of recommendations should lead to a more responsive and inclusive ICDS system, positively impacting child health, nutrition, and overall development. This audit serves as a catalyst for sustained collaboration between communities, government agencies, and NGOs, reinforcing a shared commitment to advancing the well-being of our youngest citizens.

5.9.11. Conclusion:

In conclusion, the social audit of Integrated Child Development Services (ICDS) centres reveals commendable practices and areas for improvement. Community feedback underscores the importance of responsive childcare services. Recommendations for enhancing transparency, accountability, and community engagement have been outlined. We urge stakeholders to collaborate in implementing the action plan, fostering sustained improvements. This audit reaffirms our commitment to nurturing a holistic and empowering environment for the well-being of children and families in our community.

5.10.

NUTRITION CLINIC



5.10.2. Background:

The Nutri Clinic initiative is a proactive response to the pressing health needs of women and children in selected rural areas of Bihar. Covering 75 villages across five districts - Patna, Munger, Saharsa, Purnea, and Kaimur - the program targets communities where the majority of the population belong to Scheduled Castes and Scheduled Tribes, characterized by landlessness, economic deprivation, and low literacy rates.

Healthcare Infrastructure and Accessibility Challenges: The villages are equipped with ICDS centers, intended for the enrollment of pregnant and lactating women, and children aged 0-6 years. However, the local health infrastructure faces significant challenges. Primary Health Centers, essential for comprehensive healthcare services, are often too distant and inadequately equipped. Anganwadi centers, critical in early child development, struggle with damaged or unavailable basic anthropometric instruments, resulting in unreliable malnutrition data. Furthermore, there is a pressing need for enhanced training for ASHA workers, who are the primary healthcare facilitators in these regions.

Prevalent Health Issues and Historical Data: These areas are plagued by a range of health issues, notably anemia, malnutrition, low weight gain during pregnancy, and a low rate of institutional deliveries. Contributing factors include large family sizes and minimal birth spacing. Such conditions necessitate an intervention focused on both preventive and curative healthcare.

Sociocultural Dynamics and Misconceptions: The target communities harbor various cultural stigmas and misconceptions, particularly regarding colostrum feeding and supplementing breast milk within the first six months. These practices, deeply ingrained in the local culture, pose significant barriers to implementing effective nutritional strategies for mothers and infants.

Government Initiatives and Implementation Hurdles: While the government has launched initiatives like JSY, PMMVY, and free ANC and PNC check-ups, their impact has been limited due to challenges in effective implementation, inadequate infrastructure, and limited community awareness. Additionally, Nutrition Rehabilitation Centers (NRCs) established to address severe malnutrition face operational challenges.

COVID-19 Impact and Healthcare Disruptions: The onset of the COVID-19 pandemic has further complicated the situation. Misinformation about the virus and vaccines, coupled with the conversion of many healthcare facilities into COVID-19 centers, has led to a decline in routine health check-ups and a rise in health risks for pregnant women and children.

The Nutri Clinic initiative, therefore, is designed to holistically address these multi-dimensional challenges. Its aim is not just to provide healthcare services but also to enhance awareness, improve infrastructure, and tailor interventions to the unique sociocultural fabric of each village. By doing so, Nutri Clinic aspires to bridge the gap between the community's needs and the existing healthcare services, paving the way for a healthier future for mothers and children in these regions.

5.10.3. Need for the Nutri Clinic Initiative

Improved Access to Healthcare Services: A primary need in the targeted rural areas is to bridge the existing gap between government health services and families. Although immunization days, known as VHSNC days, are celebrated in villages, there is a broader need to expand these services to include basic health check-ups and family counselling. The significant distance of Primary Health Centers from these villages, combined with the inadequacy of local healthcare facilities, underscores the urgency of bringing healthcare services closer to the community. The Nutri Clinic initiative aims to fill this gap by facilitating access to government health services, increasing public demand and awareness, and enhancing the sustainability of these services.

Enhanced Nutritional Education and Awareness: The low literacy rates in the target communities, coupled with widespread misconceptions about nutrition, highlight the need for tailored educational programs. These programs should focus on debunking myths about colostrum feeding, emphasizing the importance of breast milk, and promoting balanced dietary practices for pregnant and lactating women and young children. Nutri Clinic's role here is vital in transforming traditional beliefs with evidence-based nutritional knowledge, thereby improving the overall health and well-being of mothers and children.

Strengthening Community Engagement: There is a critical need for deeper community engagement to ensure that health interventions are accepted and sustained. This involves creating platforms for open dialogue, understanding community perspectives, and involving local leaders and influencers in health promotion activities. Nutri Clinic seeks to build these community connections, making health initiatives more relevant and effective.

Capacity Building for Local Health Workers: The effectiveness of healthcare delivery in these villages is closely tied to the skills and knowledge of local health workers, including ASHA and Anganwadi workers. There is a pressing need for ongoing training and capacity building to equip these workers with the latest healthcare practices, focusing on maternal and child health, nutrition, and preventive care.

Addressing Cultural and Social Barriers: A nuanced understanding of local cultures and social norms is essential to address barriers to healthcare access and utilization. Nutri Clinic plans to work closely with community members to identify and overcome these barriers, ensuring that health services are culturally sensitive and widely accepted.

Data-Driven Health Strategies: Accurate data collection and analysis are crucial for identifying health trends, monitoring the impact of interventions, and guiding future health strategies. The Nutri Clinic initiative will prioritize the establishment of robust data collection and monitoring systems to ensure targeted and effective health interventions.

Holistic Approach to Health and Well-being: Recognizing that health is influenced by a variety of factors, including economic and social conditions, Nutri Clinic seeks to adopt a holistic approach. This involves addressing not just immediate health needs but also the underlying determinants of health to create a more sustainable impact on the well-being of the community.

5.10.4. Stakeholders and Beneficiaries of the Nutri Clinic Initiative

Primary Beneficiaries:

Pregnant Women: Key beneficiaries who will receive prenatal care, nutritional education, and regular health check-ups, ensuring their well-being and that of their unborn children.

Lactating Mothers: They will benefit from postnatal care, breastfeeding support, and guidance on nutrition, crucial for the health of both mother and child.

Children Aged 0-6 Years: This group will receive essential early childhood healthcare, including nutrition monitoring and vaccinations, vital for their growth and development.

Local Healthcare Workers:

ASHA Workers: Frontline health workers instrumental in community outreach, delivering basic healthcare, and acting as liaisons between the community and health services.



Anganwadi Workers: Key personnel in early child care, these workers will be integral in implementing child nutrition and health monitoring programs under the Nutri Clinic initiative.

Healthcare System Stakeholders:

Primary Health Centers: These centers serve as crucial referral points for more complex health issues identified by the Nutri Clinic.

ICDS Centers: Essential in the enrolment and monitoring of women and children's health, forming a foundational part of the healthcare infrastructure.

Community Leaders and Members:

Village Heads and Local Influencers: Their support and involvement are crucial for ensuring community buy-in, helping to overcome cultural barriers, and promoting the acceptance of the clinic's services.

Families of Beneficiaries: They play a supportive role in facilitating access to the clinic's services and are vital in implementing healthy practices at home.

Non-Governmental Organizations (NGOs) and Partners:

Collaborative NGOs and international partners might provide additional resources, expertise, and support, significantly enhancing the initiative's reach and impact.

5.10.5. Process of the Nutri Clinic Initiative

Identification and Enrolment of Beneficiaries:

- Beneficiaries including pregnant women, lactating mothers, and children suffering from malnutrition are identified with the help of ASHA and Anganwadi workers in each village.

Enrollment of these beneficia

- rries in ICDS centers is mandatory to avail of the benefits offered by Nutri Clinic camps.
- ANM and ASHA workers collaborate to set the dates for the clinics, with doctors being present at least four times a year.
- These clinics operate in collaboration with government agencies such as ICDS and the Health Department, under the observation of Panchayati Raj Institution (PRI) members.
- Collaboration with Local Healthcare Workers and ICDS Centers:
- The Nutri Clinic concept was discussed and agreed upon with ANMs, ASHA workers, PRIs, and Anganwadi Sewikas prior to implementation.
- Basic training has been provided to Anganwadi and ASHA workers for the identification of malnutrition and anemia cases.



Health Check-up and Services:

- Clinics are commonly organized on immunization days to provide various services like immunization, hemoglobin checks, blood pressure and blood sugar monitoring, weight and height measurement, and consultations with doctors.
- Beneficiaries are also informed about ongoing government schemes and how to avail themselves of these services.
- The frequency of these camps is monthly, with ANM, ASHA, and Anganwadi Workers, and quarterly with doctors.
- Special emphasis is placed on using local food groups in diets to combat challenges of malnutrition.

Nutritional Education and Counselling:

- Personalized discussions with women and their families on topics like breastfeeding, balanced diet, malnutrition, and debunking nutritional myths.
- Household visits for counseling purposes are scheduled with ASHA and Anganwadi workers.

Referral and Follow-up System:

- Families with children suffering from Severe Acute Malnutrition (SAM) are encouraged to visit NRCs (Nutrition Rehabilitation Centers).

- Women with complications are advised to visit the nearest hospital and to have regular ANC (Antenatal Care) and PNC (Postnatal Care) checkups.

Community Engagement and Awareness Programs:

- Monthly awareness programs on various topics related to mother and child health are conducted, with local leaders playing a key role in pre-informing and mobilizing the community.
- The use of local influencers ensures better understanding and connection with the community.

Monitoring and Data Collection:

- Data of all beneficiaries is recorded to track the progress and improvements in each subsequent clinic.
- This data aids in assessing the success rate of the program and the health improvement in the village.

Feedback Mechanism:

Feedback from beneficiaries is collected to continually improve the clinic's structure and services, understanding community needs and preferences.

Sustainability and Scalability:

Initially supported by the Global Program India, the plan is to integrate community contribution and PRI funding for the sustainability of such events.

Successful models of the initiative are intended to be adopted and scaled at the block and district levels, especially in areas with low institutional delivery rates, high malnutrition cases, and severe challenges related to mother and child health.

5.10.6. Monitoring of the Nutri Clinic Initiative

The monitoring of the Nutri Clinic initiative will be a continuous and systematic process, ensuring that the program is meeting its objectives and making necessary adjustments based on real-time data and feedback.

Health Progress Tracking: Regular monitoring of health indicators such as hemoglobin levels, blood pressure, weight, and height measurements for beneficiaries, especially pregnant women, lactating mothers, and children suffering from malnutrition.

Data Collection and Analysis: Systematic collection of data during each clinic session, with a focus on tracking improvements in health parameters and identifying persistent challenges. This data will be crucial for evaluating the effectiveness of the Nutri Clinic's services and strategies.

Beneficiary Feedback: Regular collection of feedback from the beneficiaries to gauge their satisfaction with the services provided, understand their needs better, and make necessary adjustments.

Community Engagement Evaluation: Assessing the effectiveness of community engagement and awareness programs, including the role of local influencers and leaders in disseminating health information.

Reporting and Review Meetings: Periodic reporting on the progress of the initiative, with review meetings involving key stakeholders like government bodies, local health workers, and community leaders, to discuss achievements and areas for improvement.

5.10.7. Expected Outcome of the Nutri Clinic Initiative

The Nutri Clinic initiative aims to achieve the following outcomes:

- Improved Maternal and Child Health: Significant improvement in the health indicators of pregnant women, lactating mothers, and children, including reduced rates of malnutrition and anaemia.

- **Increased Healthcare Accessibility:** Enhanced access to essential healthcare services, leading to higher rates of institutional deliveries and regular health check-ups.
- **Better Nutritional Practices:** Increased awareness and adoption of healthy nutritional practices among the beneficiaries, leading to better health outcomes.
- **Strengthened Healthcare System:** More efficient and effective local healthcare delivery, with trained and capable health workers providing quality services.
- **Community Empowerment:** Empowered communities with better knowledge and understanding of health and nutrition, actively participating in their own health improvement.
- **Sustainable Health Model:** Establishment of a replicable and sustainable model of health service delivery that can be scaled to other regions with similar challenges.

5.10.8. Conclusion

The Nutri Clinic initiative represents a comprehensive approach to addressing the critical health needs of mothers and children in selected rural areas of Bihar. Through a collaborative and community-centered model, the initiative aims not only to provide immediate healthcare services but also to empower communities with the knowledge and resources to maintain and improve their health. By working closely with local healthcare workers, government bodies, and the community, the Nutri Clinic is poised to create a lasting impact on the health and well-being of its beneficiaries. The expected outcomes of this initiative reflect its potential to transform the health landscape in these regions, paving the way for a healthier, more informed, and empowered community.



Caritas India, CBCI Centre, 1 Ashok Place, New Delhi 110001