Role of Women Institutional Platforms in tackling Health & Nutrition Challenges

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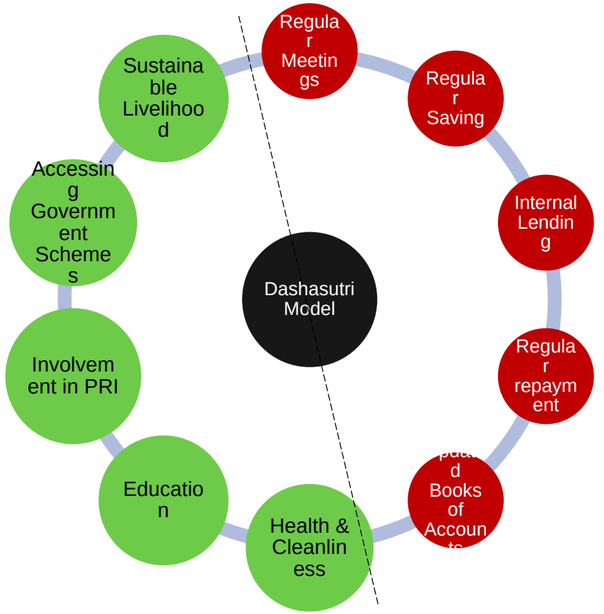
Outline of the presentation

- Genesis
- Interventions
- Approaches
- Implementation
- Results
- Challenges
- Recommendations

Genesis – Progression of the focus

- Phase 1: In 2014-16, MSRLM pioneered the concept of Dasasuthri with 6th principle related to health and nutrition
  - Improved access to public health services and entitlements and there by improved coverages under maternal and child health services – Service delivery - Entitlements
- Phase 2: In 2016-2018, MSRLM implemented Special convergence project under NRLP with focus on health, nutrition and WASH (HNW) interventions
  - Village health ,nutrition and WASH plans – Needs assessment
  - Special meetings in SHG and VO meetings - HNS Agenda
  - Behaviour Change Communication (BCC) related to Essential Nutrition Action (ENA) and Essential Hygiene Action (EHA) and Homestead food production (HFP) – Nutrition Field School – House visits
  - Dietary Diversity through Nutri-gardens - linkages between Agriculture and Nutrition- Improved consumption of Food groups – Improved HB level - Reduction of anemia
  - Thematic Campaigns and cooking demonstrations for adoption of behaviours related to HNS – Awareness generation
  - Community based monitoring and review systems to monitor 12 indicators related to HNS – Convergence for maternal and child health – Women Empowerment – Community ownership
- Phase 3: In 2019-20, MSRLM initiated one step ahead with Nutri enterprises through Model CLFs to improve the nutritional status of the vulnerable - women, children and adolescent girls – Millet promotion –Nutrition dividends – Livelihoods for SHG households.

Program principles of MSRLM



1. Incorporate explicit nutrition objectives and indicators into design.
2. Assess the local context.
3. Target the vulnerable and improve equity.
4. Collaborate and coordinate with other sectors.
5. Empower women.
6. Facilitate production diversification, and increase production of nutrient-dense crops and livestock.
7. Dedicated cluster teams for promotion of Homestead Food production- with specialisation in Agriculture and Nutrition
8. Improve processing, storage, and preservation of nutritious food.
9. Expand market access for vulnerable groups, and expand markets for nutritious foods.
10. Incorporate nutrition promotion and education that builds on local knowledge.

Evidence based interventions across life course Lancet 2013

These are evidence based interventions that are proposed to improve the health & nutrition among respective target groups.

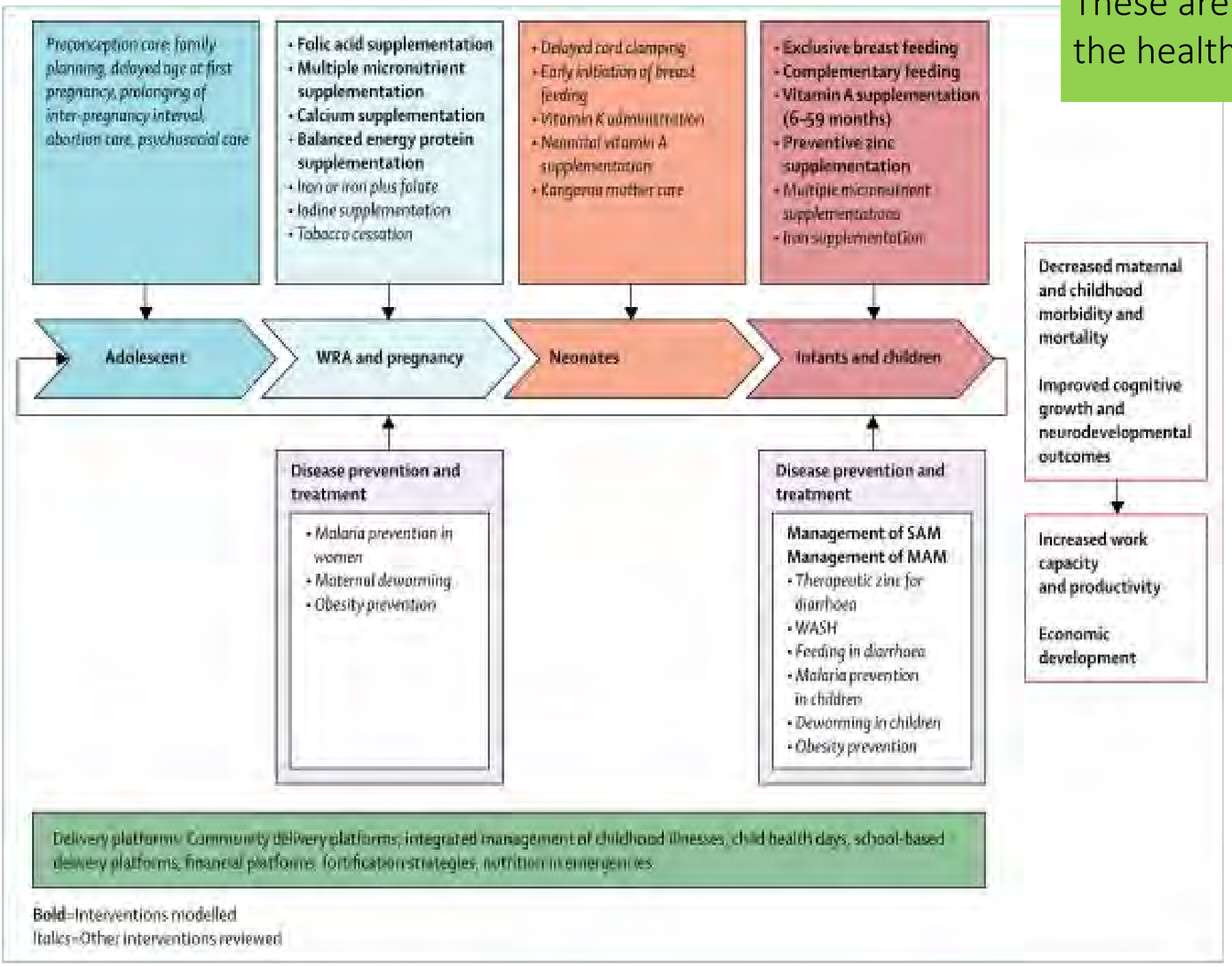
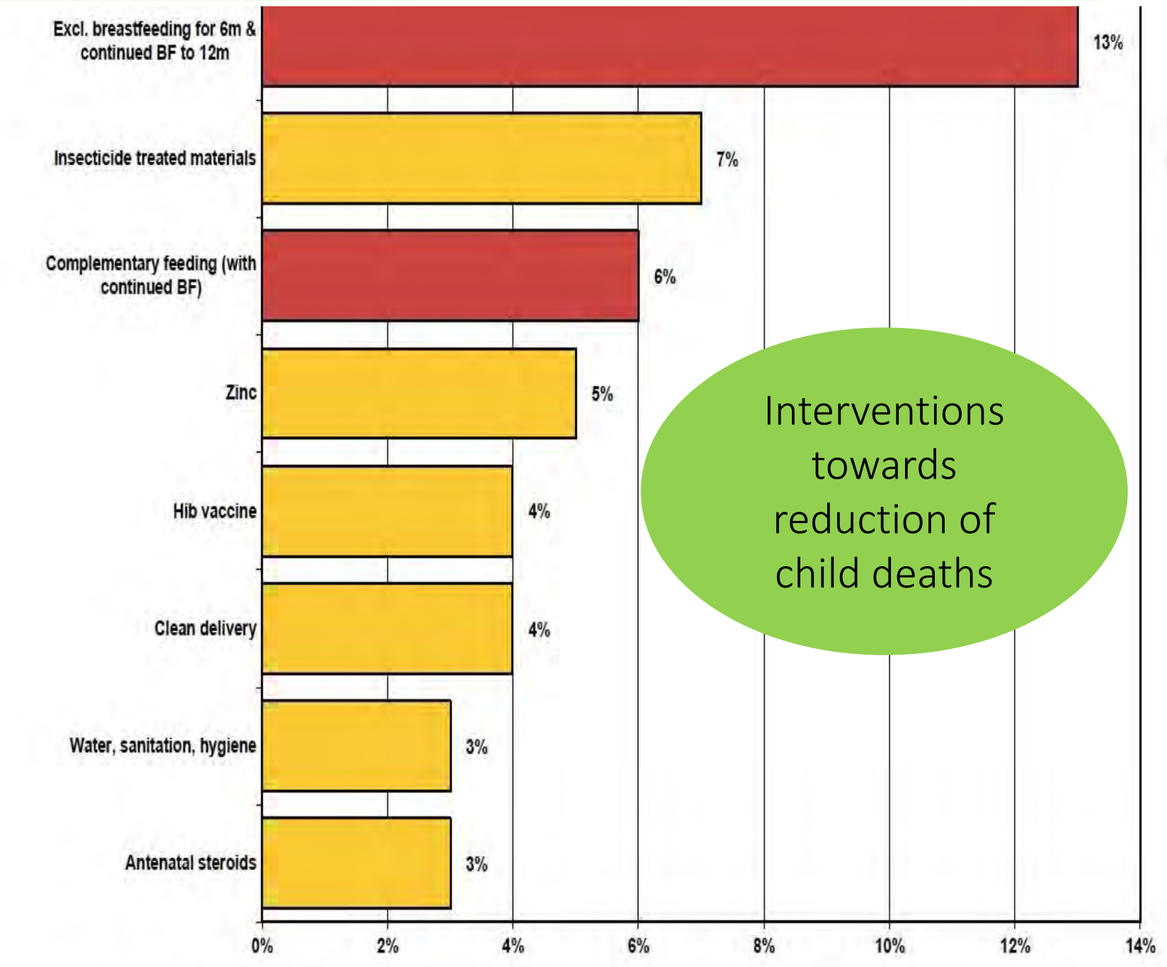


Figure 1: Conceptual framework

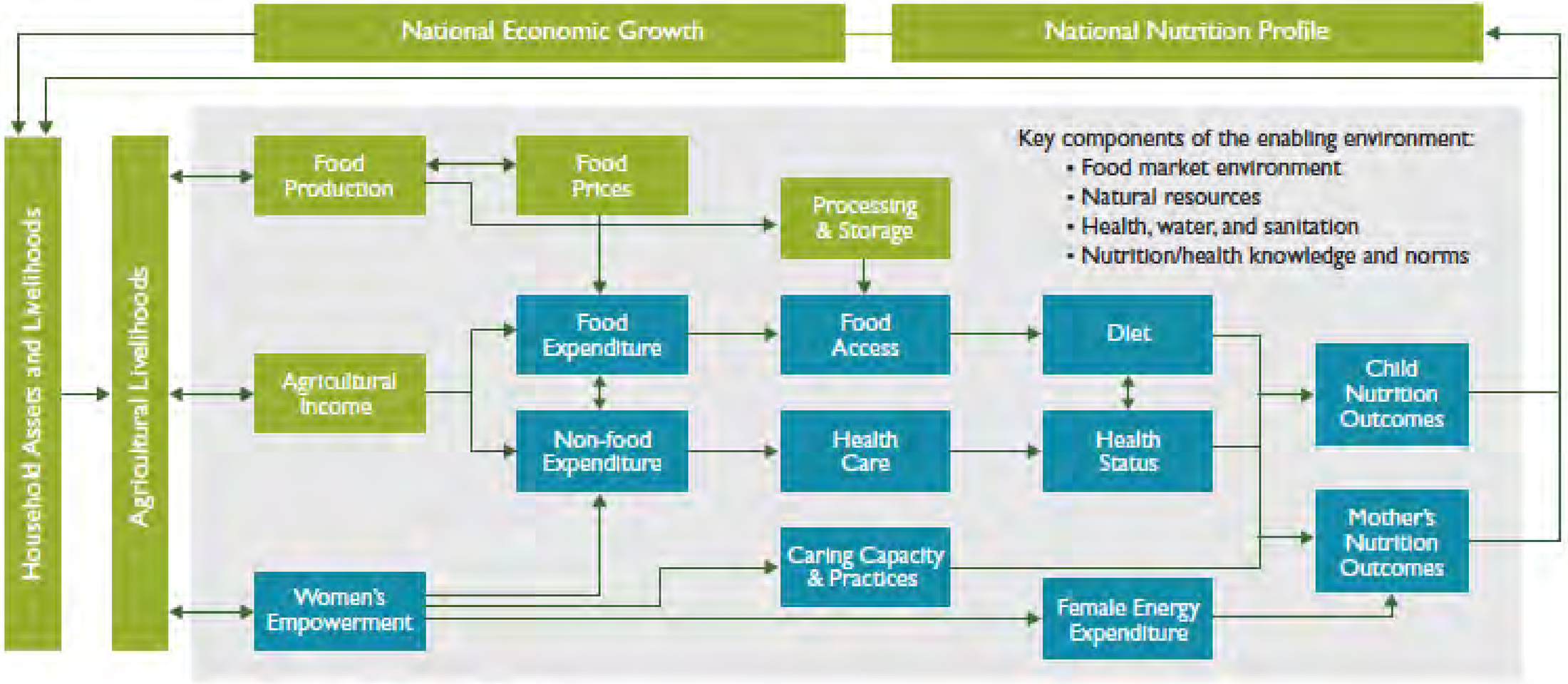
WRA=women of reproductive age. WASH=water, sanitation, and hygiene. SAM=severe acute malnutrition. MAM=moderate AM.



Interventions towards reduction of child deaths

Source: *Lancet* Child Survival Series, 2003.

STEPS TOWARD IMPROVED NUTRITION: THE WOMEN'S EMPOWERMENT PATHWAY



Women's Empowerment Pathway is highlighted in blue

Source: Herforth and Harris, 2014.

Role of Women Institutions in 3 Key areas

SHGs and & Its Apex level federations can improve Health and nutrition status of Women and children by working on Following ***3 pronged strategy*** and Same strategy has been followed in Maharashtra

Imparting Behavioral Change Communication

Engaging women from SHGs in promoting the importance of their health and its impact on livelihood

Awareness campaigns and cooking demonstrations to improve haemoglobin levels

Homestead Food Production

Women groups have agglomerated within a village organization to prepare nutrigardens at individual level as well as community level to focus on health & nutrition of women

Access to Service Delivery

Activation of Social Action Committee for regular monitoring and reviewing health and nutrition status of SHG HHs.

Approaches for strengthening of SHG platforms

Strengthening of platforms *for behavior change, dietary diversification and Community based monitoring and review is crucial to institutionalize the processes and its sustainability. The approaches adopted are:*

- ***Dedicated SHG meeting*** *for HNS*
- ***Home visits*** *to HHs with 1000 days target group, Adolescent Girls, SAM and MAM children*
- ***Community Nutrition Garden (CNG)*** *attached with Nutrition Field School (NFS) as a Nutrition hub (18 practices promotion and adoption)*
- ***Campaigns*** *for community awareness - thematic*
- *Use of* ***tools for monitoring and review*** *the status of HNW indicators at VO- Community based monitoring and review*
- ***Dedicated cluster level facilitators*** *to work in coordination with livelihood managers to saturate the intervention area with Nutri-Gardens/Homestead Food production*

Collective Effort of Women Institutions

Implementation – 7 step process for nutri gardens

Step1: *5 days of* ***training to CTCs*** *and village level cadre on preparation of village health & Nutrition plans and initiation of entry point activities as part of CTC strategy*

Step2: *3 days of training to village & Cluster level cadre - Convergence Sakhi, Krishi Sakhi, I-CRP, CAM, CLM, CTC* ***exclusively on Nutri Gardens*** *(RNG -model) by Trainers of Rajmatha Jijau Nutrition Mission*

Step3: *Establishment of* ***Individual Nutri-Gardens*** *in the HHs of Village level cadre, VO-OB and EC members followed by HHs with 1000 days target group, Adolescent girls, SAM and MAM children.*

Step4: *Provision of* ***stimulus fund*** *for establishment of Nutri Gardens @ Rs 2000/HH*

Step 5: *Technical* ***support by CAM and CTC*** *as a team in the allocated clusters - layout by CTCs, planting and management by CAM –* ***This is the crucial step to establish linkages between Agriculture and nutrition***

Step 6*: Development of* ***Nutrition counseling guide book*** *for promotion of* ***18 practices related to ENA, EHA and Homestead Food Production*** *by Convergence Sakhi , Krushi Sakhi , ICRP and AWW/ASHA who were trained every month at block level to generate discussion at SHG meetings & HH interactions while establishing Nutri-Gardens.*

Step 7: *Issue of an* ***advisory with the formats*** *for collection of the data from each HH related to investment, production, consumption and impacts/early outcomes.*

Note : *In January 2018****, HB levels were tested*** *after the production & consumption period of 128 days. It was done in coordination with health dept during the health camps conducted in these villages.*

Nutritional outcomes – Dietary Diversity – Improved HB levels

District	No.of HHs with Nutri Gardens	%HH consumed vegetables >4 days in a week	%HH grown with >5 varieties of vegetables	% of HHs with 5-7 food groups in regular diet	Range of HB level among Women (g/dl)	Range of HB level among Adolescent girls(g/dl)
Nandurbar	345	95%	90%	98.5%	10.00-12.8	10.00-12.5
Yavathmal	35	100%	86%	88.57%	10.00-13.00	10.00-12.00
Solapur	67	100%	100	100%	11.10-14.5	12.05-14.1
Wardha	50	100%	92%	100%	10.10-14.60	10.50-11.00
Total	497	97%	92%	98%	10.00-14.60	10.00-14.10

18 Practices Related To Essential Nutrition & Health focusing Women and Children

Essential Nutrition Action	Importance of Diet of Pregnant women	Consumption of Iron rich food during pregnancy	Early initiation of breast feeding.	Exclusive breast feeding for first 6 months.	Nutrition for lactating mothers	Inculcating habit of complimentary feeding through diet diversification
	Feeding to children in the age group of 6-24 months	Feeding during sickness	Consumption of Vitamin A rich food	Prevention of anaemia	Consumption of Iodized salt	

Essential Health Action	Regular Hand washing Practice	Usage of Tippy-taps for hand washing	Usage of individual HH latrines to keep environment & community healthy	Keeping food and water containers clean. (dry day)

Homestead Food Production	Development of Nutri garden for dietary diversification	Adoption of Inland fishery	Adoption of back yard poultry and goat farming for protein consumption

12 indicators related to 18 practices

1. >80%of HHs with Nutrition Gardens growing vegetables and leafy vegetables to be available round the seasons/Year
2. >80% of PLW and <2 yrs children (1000 days) and Adolescent girls with normal levels of HB(>12g)
3. 90% children exclusively breastfed upto 6 months
4. >80% of children 7-12 months months fed complementary food.
5. >90% children fully immunized
6. >80% women go for institutional deliveries
7. >80% women consume 100 IFA tablets
8. >90% of Adolescent girls consume IFA tablets
9. >90% of SHG HHs using toilets
10. 100% of SHG HHs wash hands with soap after defecation and before eating
11. 100% SHG Villages have active and functional VHND
12. 100% SHG Villlages have active and functional VHNS

Challenges

- ***Phase 1:*** *Introduce* ***health and nutrition agenda*** *with dedicated SHG meetings*
- ***Phase 2:*** ***Nutrition counseling on 18 practices*** *related to HNS found to be challenging as the community cadre did not have prior experience in the relevant sector without a dedicated team trained on maternal and child health*
- *All the households* ***do not have adequate resources*** *such as land and water.* ***Only 50-60%*** *of the HHs have sufficient resources to establish Individual Nutri-Gardens (710Sq ft model).*
- *The rest* ***40-50% are just having a small kitchen garden*** *which* ***grow with <5 varieties of vegetables, e****specially the HHs of POP, 1000 days target group, Adolescent girls , SAM and MAM children.*
- ***Alternative option*** *to ensure 5-7 food groups in atleast 80% of HHs in every village is crucial to sustain the impact on indicators.*
- ***Phase 3:*** ***Facilitation for nutri enterprises without a technical specialist in food technology to develop protocols to be adopted by CLFs***

Recommendations

- ***Induct social mobilization around HNW towards entitlements in the early stages of institutional development followed by adoption of behaviours of maternal and child health and then the nutri-enterprises for improved nutrient dividends***
- *Encourage all HHs with access to land and water to establish **Individual Nutri-Gardens (ING)** with 5-14 varieties of vegetables.*
- *Establish **Community Nutrition Garden (CNG)**@ at least 1 per VO to grow and provide vegetables to all HHs who do not have access to resources like land and water. With special focus to HHs with 1000 days target group and POP HHs. These HH may be supplied at free of cost /nominal cost and the rest of the HHs may be charged slightly less than the market price.*
- *Development of **Demonstration sites for Agriculture to Nutrition @ 1 per block** attached with **Nutrition Field School (NFS)** to use it as **Nutrition hub** promoting 18 practices related to HNS.*
- ***Dedicated cluster level facilitators** to work in coordination with livelihood managers to saturate the intervention area with Nutri-Gardens, Nutri Enterprises and Homestead food production*
- ***Continuous capacity building** of community cadre and cluster level staff on 18 practices related to HNS which aids in nutrition counseling at HH level.*
- *Do **base line , mid line and end line** about the **HH consumption of food groups and HB levels of all the family members**. After 1 year of implementation experience, **external evaluation** may be recommended so as to stabilize the processes meanwhile.*

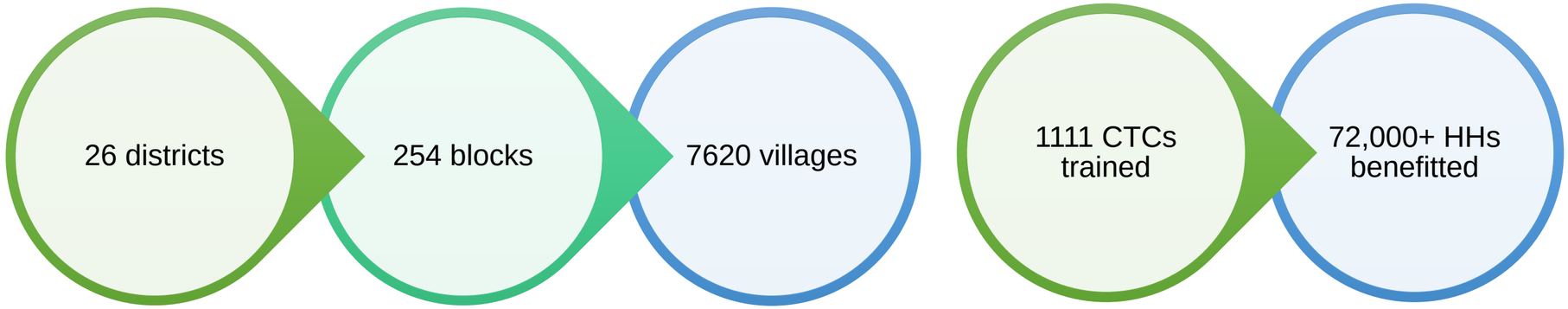
One Step Ahead: Promotion of Millet-based Nutri-food Enterprise

Objective	to develop an ecosystem where locally available nutrient-rich food product will be available for consumption purpose to improve the nutrition status of the community
Target Group	children, adolescent girls, pregnant women and lactating mothers
Impact	Nutritious food production also serves good livelihoods opportunity for SHG women who could find themselves at the producers and suppliers end of the nutritious food to ICDS, Mid day meal etc

Nutri Entrepreneurs

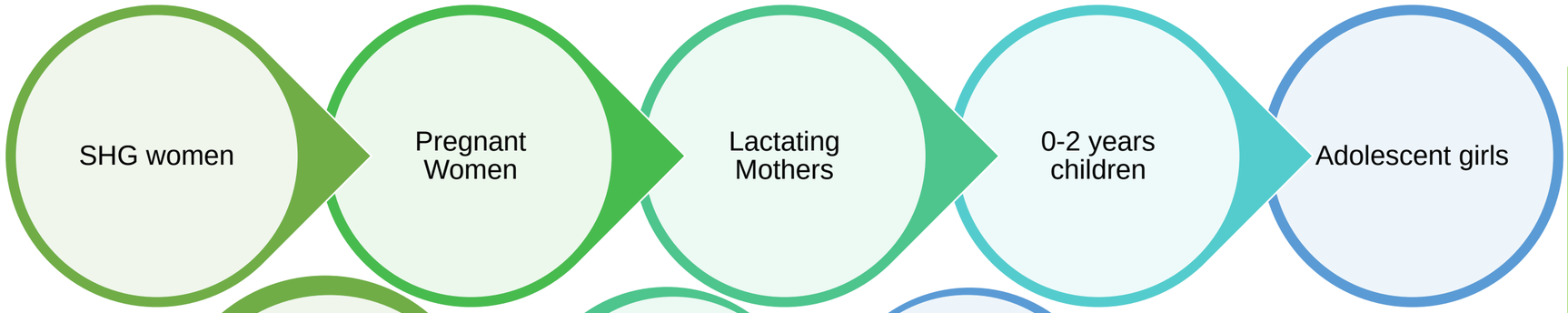
Outreach Through Women Institutions

Outreach of the Project

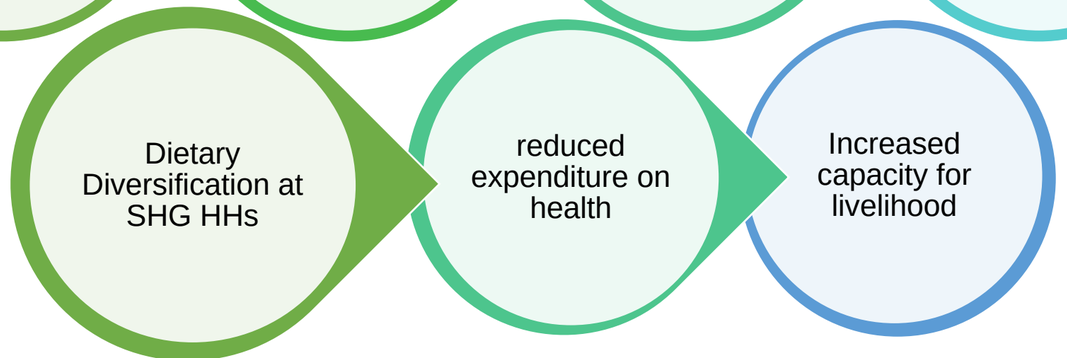


Model Nutri-Garden attached with Nutrition Field School was created in every block for demonstration purpose which is maintained by Block Mission Manager Unit (BMMU) and community cadre associated with it.

Target Beneficiaries



Target Achieved



Tangible Benefit

Intake of nutritious fruits and vegetable in daily dietary intake has reduced the cases of anemia registered in the project area.


Thank You