

Participatory learning and action for nutrition

Improving access to public schemes

Introduction

Despite rapid economic growth, India lags behind in providing food and nutrition security and basic health services to a large number of its people. The Global Hunger Index ranks India 55th out of 76 nations, with a third of world's stunted children and a quarter of all undernourished people worldwide. Welthungerhilfe studies in 10 districts revealed that in remote areas around 60-70 percent children are stunted (or chronically malnourished) and more than 20 percent acutely malnourished. In some of the areas surveyed, the rates of severe acute malnutrition are above the international emergency threshold of 15%. Maternal and infant mortality as well as fertility rates remain high compared with those of other growing economies in Asia. Out-of-pocket health expenditures are among the highest in the world and make households, especially the very poor, highly vulnerable to health shocks.

Sustainable food and nutrition security is a multidimensional concept, addressing availability of food through agricultural production, physical and economic access to food, adequate use and utilisation of available food and stability over time.

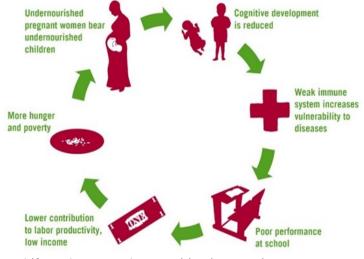
Under the global initiative ONE WORLD -NO HUNGER of the German Federal Ministry for Economic Cooperation and Development (BMZ) and supported by the GIZ, Welthungerhilfe is implementing a food and nutrition security programme in Madhya Pradesh.

The programme is expected to have strong impact on

eradicating hidden hunger and malnutrition with focus on pregnant and lactating mothers and young children and also on creating a framework to ensure that the future generation has sufficient, affordable and healthy food.

The Programme

The programme ,Food & Nutrition Security and Enhanced Resilience amongst Vulnerable Communities in Sheopur and Chatarpur districts of Madhya Pradesh' is being implemented from August 2015 to December 2017. The goal is to improve the food and nutrition situation of vulnerable groups, specifically women of reproductive age and young children and build resilience of the communities.



Life cycle approach to nutrition interventions

Objectives

- Increased Dietary Diversity among women of reproductive age 15-49 years.
- Improvement in Minimum Acceptable Diet for children in the age group of 0-23 months,
- Increased access to entitlements through raised awareness, community based planning and monitoring of public services.

Target groups

650,000 women in the reproductive age 15-49 years in two districts reached through Participatory Learning and Action (PLA) processes conducted through the government functionaries.

100,000 infants and young children (6-23 months) benefit from improved child care practices through PLA.

children from 100 focus villages benefit through direct ac-promoted. tion by district level NGO partners.

Approach

conception and the child's second birthday- the most critical period for nutrition interventions to avoid hidden hunger, stunting and irreversible cognitive disorders.

Participatory Learning and Action - Empowering women towards nutrition security, community based actions, planning and monitoring tools.

Multi stakeholder approach—Promoting the Linking agriculture, natural resource management and nutrition (LANN) managed by the community. approach for addressing malnutrition.

and community work together for synergy.

Interventions

Accessibility— Capacities of the vulnerable communities are built to access Government food related schemes such as the Public Distribution System, Integrated Child Development Scheme and Mid Day Meals. Communities are capacitated for preparing Community Score Cards and Citizen Report Cards.

Availability- Homestead nutrition gardens and integrated farming practices are promoted to increase diet diversity and utilize space and time efficiently for increased production.

Utilization— Knowldge and awarness is built up within the community on improved nutrition and IYCF practices, diet diversity, food groups, uncultivated foods etc.

Stability - Round the year availability of fresh vegetables for consumption at household level is promoted. Community based monitoring mechanism to access entitlements, skil-



Community based planning for nutrition

ling frontline workers (Aanganwadi workers of the govern-Approximately 10,000 women and 5,000 young and infant ment ICDS programme for continuous nutrition education is

Key Result Areas

- 1. Increased knowledge and practices among the target The 1000 day window—Using this opportunity between groups on all aspects of nutrition, diet diversity and basic hvgiene.
 - 2. Improved capacities of Aanganwadi workers on educating reproductive age women group.
 - 3. Increased community awareness and collective action to promote better nutrition and food diversity, availability and consumption of food. Nutrition Gardens established and
- 4. Multi stakeholder partnerships amongst different Govern-Collective action by all stakeholders—Government, NGOs ment agencies, NGOs, local government funcationaries and the community.

Partners

NGO Partners

Darshana Mahila Kalyan Samiti Chattarpur Mahatma Gandhi Seva Ashram Sheopur Ekjut Management Consultancy Private Ltd Ranchi Samarthan Bhopal

Government Cooperation Partners

Integrated Child Development Scheme (ICDS) Government of MP

Food and Civil supply Department, Government of MP Horticulture Department Government of MP

http://welthungerhilfesouthasia.org