

Nutrition – The way and the destination

Linking Agriculture, Nutrition, Health, & Financial Services on a Women's SHG platform



Policy Brief

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We are delighted to bring out this document, which has become a reality by drawing on the experiences of the tribal women and communities of Sirohi and Banaswara Districts of Rajasthan.

The support from BARR Foundation, our Donor and the motivation from Freedom from Hunger – an affiliate of Freedom from Hunger India Trust, were immensely helpful in producing this document.

Most of the experiences narrated here are the hands on experiences we had through our Implementing Partners PRADAN & Vaagdhara, and the Resource Partner, CHETNA.

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A.R. Nanda,

Board Chair - Freedom From Hunger India Trust,
Former Secretary, Ministry of Health & Ministry of Finance, Government of India.

Nutrition has been a hot topic in the world over, with many finding it difficult to meet the minimum intake of food for survival; some others have found the quality and quantity of food taken in being hazardous and equally unhealthy. It is my pleasure to present here the experiences of Rajasthan Nutrition Project, a flagship multi-sector nutrition program, by Freedom from Hunger India Trust, which has shown one of the best ways of addressing malnutrition among the poor and marginalized, especially women and children, with the active participation of the empowered community.

This policy brief throws light upon the method of working with the people in tribes and other such marginalized communities, to bring about sustainable solutions— addressing their nutritional needs, livelihood requirements, and health. It is a comprehensive approach, which has been tested over the course of several years, and these experiences have been provided in this document.

Kudos to the authors and the entire team behind this product, which should be referred to, by health and development agencies.



Freedom from Hunger India Trust's strength lies in creating and delivering innovations that support the self-help efforts of the poor, especially women, by integrating Microfinance, Education, and Health Protection. We partner with a range of local financial service providers and non-governmental organizations, and seek ways to leverage our integrated services and behavior change communication interventions in health and governance sectors, which has a direct bearing on livelihood and gender equity. We support partners in conducting evidence based evaluations, making informed policy outcomes and impact, as well as to replicate and scale up.

The Rajasthan Nutrition Project was an attempt to bring about lasting changes in the lives of the women in the remote rural areas of Rajasthan in terms of improving their nutritional status, and thus give a boost to the entire families that they manage. It was a two-year project with a multi-sector intervention, leveraging the competencies of local organizations and volunteers.

The project has enabled an expression and voice for the felt demand among the rural population for health services and nutritional benefits. Families have begun to actively access their rights and entitlements, while also helping themselves to better their nutritional status. Nutrition has become an agenda for them.

It gives us immense pleasure in sharing the results of this project, and the experiences and confidence gained in its reliability as a sure model to replicate. The major achievements of the intervention could be briefed as empowered women, empowered local partners, and the ease of monitoring and managing.

This document puts together the strategic components of the project, which reached out to more than 8000 women to impact the lives of nearly 30,000 persons in the project locations, towards a nutritionally balanced life.

This brief should encourage anyone interested in addressing malnutrition to plunge into action, with the assurance of reaping lasting results with minimum resources, by learning from the innovative and simple methods suggested here, based on our experiences. We welcome your feedback, comments and concerted action to take the Nutrition Agenda forward.



Saraswathi Gopala Rao
Chief Executive Officer
Freedom from Hunger India Trust

May 2017



The burden of malnutrition is significant in India, with inadequate investments despite global evidence that addressing nutrition multiplies positive outcomes in maternal and child health, cognitive function and educability, human capital, economic growth and poverty reduction. One of the infamous results is that child under-nutrition in India is among the highest in the world. The need to focus on nutrition is reiterated with the evidences that prove that improvements in nutritional status in a country will not happen automatically with gains in economic prosperity or agricultural productivity.

In this paper, Freedom from Hunger India Trust tries to bring out nutrition related priority actions to improve the health of women, children, and adolescent girls, based on a two-year long intensive engagement with the tribal communities in Rajasthan. The Rajasthan Nutrition Project (RNP) approach has yielded results in bringing positive changes in the lives of about 30,000 people, who have been reached out to through 8000 primary touch points.

The RNP has been developed as a comprehensive approach by combining the: (i) nutritional specific interventions; (ii) nutritional sensitive interventions; (iii) linkage to governance mechanisms and schemes, and (iv) saving for access to health services, with special focus on women. The RNP has ensured that nutrition is on the agenda of the implementing partners and of the women involved.

The invaluable experiences from the RNP have enabled us to identify the essential ingredients of the multi-pronged implementation approach. It contains the following:

- Ensuring food security & diversity at the level of a household
- Ensuring proper care and feeding practices for infants and children
- Empowering Women – The Key Element of the Intervention
- Saving for health: Cover for out of pocket expenditures
- Nutrition with WASH – a Symbiosis.

One of the key 'self-help' component of the RNP was to enable, educate and mobilize families to grow locally available foods in their own places for consumption through 'Poshanwadis'. Food security for the households has been ensured by synergizing linkages to government schemes, growing own food and saving food for difficult times to ensure that the family has nutritious food to eat at all times. In RNP, ensuring linkages with the services like ICDS,



PDS and Mid Day Meals and their monitoring by the women's groups has ensured that these benefit-points deliver the entitlements due to the people. The process of asserting their rights has been a struggle as well, and women have successfully picked these struggles up.

Focusing on the children, the program equipped the community with the information on right health and care practices. These include right breastfeeding and feeding practices for children beyond six months. This component laid stress on the fact that a new mother needs as much time and support from her family as much as the baby needs.

The RNP believed that to be empowered, women need to be mobilized into a collective. The women SHGs provided an ideal vehicle for this. The process of linking them to the banks too was facilitated in many cases. Linking women to SHGs not only helped women to have an agency and voice, it also enabled them to take decisive actions towards nutrition and health, as they were able to access money independent of the men in the households.

The RNP was based on the new paradigm which considers the primary subject of the nutrition program – the caregiver women – as active change makers rather than passive recipients. For example, while the Old paradigm or deficiency paradigm views women as passive recipients/ "bundles" of needs, believes that one-to-one counselling and education will bring change and focuses only on health messages and is health- and disease-centric, the new paradigm looks at nutrition education as a strategy for overall development not an end in itself. Hence, long-lasting change and sustainability are ensured by focusing on gender and financial literacy, instilling community-based ownership, and ensuring access to and monitoring of services; it believes in a Group-based approach—whereby the learning reflects and has a multiplier effect within and across communities which is effective, scalable, and hails women as "agents of change"—such an approach recognizes the profound effect women have when they are involved in decision making in nutrition programs.

The drivers of change in the project have been the Community Nutrition Advocates or the CNAs. The CNAs facilitated the project implementation. They have been the link between RNP and the rest of the women. They have also been the key women who have led the way through demonstration – demonstrating the ideas that RNP held. The CNAs are to lead the monitoring and they have been the front-liners in the process. For concurrent monitoring processes the project used simple tools and indicators. Examples of Key Monitoring Indicators



which the CNAs use are listed below and these indicators are also mixed with important messages that need to be reiterated:

- Women having 4 different colors of food in their plate
- Grow at least one nutritious herb in their farm / courtyard
- Men and women at least have one meal sitting together
- SHG leaders in dialogue with the service providers
- Every member is linked with PDS getting food as per entitlement

The CNAs were trained first and they, in turn, trained the SHG members. There were 5 modules that women were trained on.

Irrespective of some challenges faced in the Project, such as an inadequate involvement of men, understanding and 'compensating' volunteers, and limited time, the RNP presents a model easily replicable, scalable, and sustainable since (i) it is about an issue which has direct relevance to people's lives (ii) presents them with doable and effective ways to address their situation (iii) builds on available community platforms and is hence (iv) cost effective.



Investing in nutrition multiplies positive outcomes in maternal and child health, cognitive function and educability, human capital, economic growth and poverty reduction. Despite the evidence of high return, there is no significant commensurate investment in addressing nutrition. Hence, the burden of malnutrition is significant in India. For the purpose of this document, malnutrition refers only to under-nutrition and micro nutrient deficiencies and not to over-nutrition.

The determinants of malnutrition are multi-sectoral. Primarily, they relate to the

- Individual context; such as food consumption/ nutrition intake and health
- Household and community level contexts; including aspects such as access to water and sanitation; health services, education of girls, gender issues, access to social safety nets and agricultural practices.
- Institutional contexts; governance and socio-economic and political issues.

There is evidence that “nutrition specific” actions to address individual contexts of malnutrition such as provision of IFA or improved feeding practices for infants and children are further enhanced if combined with nutrition sensitive and governance interventions. For instance, along with nutrition specific interventions for women and girls; focusing on reducing their work load to enable them to spend more time with children or educating girls and enabling women to have control over resources has better nutritional outcomes. Multi sector interventions do lead to better outcomes however, the interventions ought to be specific to each context.

Under-Nutrition – The Indian Context

The child under-nutrition rates have declined in India over the years. Between the years 2006 – 2014, the stunting rates for children under 5 years of age in India declined from 48 % to 39%¹. However, this is still substantially behind the target India had set itself at the World Health Assembly. Despite economic growth in the country², there are still 43 million stunted children and 17 million underweight children below the age of 5 years; and this is a matter of concern.

The above data however, does not reflect the aspect of ‘hidden hunger’- that of micronutrient deficiency. The under-nutrition and the micronutrient deficiencies, affect children and women disproportionately. Anemia is an important

¹ For the same period these rates in Bangladesh declined from 43 percent to 36 percent and in Nepal from 49 percent to 41 percent.

² India health Report : Nutrition - 2015



manifestation of micro nutrient deficiency and significant numbers of women in India, in their child bearing age suffer from it. Child under-nutrition in India is among the highest in the world, where nearly 50 percent of 0-3 years of age children are either stunted or underweight³. The “Indian Enigma” of higher child malnutrition than many countries in Sub-Saharan Africa despite better health indicators is another aspect.

The cost of under-nutrition is high and estimated at 2–3 percent of global GDP. And, malnutrition in all its dimensions is believed to cost as much as five percent of global income – US\$3.5 trillion or \$500 per person – in lost productivity and health care expenses⁴.

Multi-Sector Interventions for Nutrition

We recognize that nutrition is not natural outcome of either an increased agricultural production or an increased income. Resolution of malnourishment needs an integrated approach to impact on the nutritional status of the most vulnerable population within a household; especially the girl child and the mother.

Evidences prove that improvements in nutritional status in the country have not kept pace with gains in economic prosperity and agricultural productivity. For instance, in 2013-14, Tamil Nadu and Gujarat irrespective of having similar income levels reported different stunting rates at 23.3 percent and 41.8 percent respectively⁵. Similar sets of data are also available for other states⁶ demonstrating the point that higher income levels do not necessarily translate into an improved situation for the children⁷. It is the similar situation with the agricultural production.

Freedom from Hunger believes that nutritional outcomes are determined by both food and non-food conditions⁸. There are many drivers that need to work together for enabling a person to not only achieve a desirable nutritional status but also maintain it and move beyond an episodic achievement. Individual must consume food with adequate energy, protein, and micronutrients and have access to safe water and hygiene. A study has observed that in

³ Gender Equality and Food Security – Women’s Empowerment as a Tool against Hunger – FAO & ADB

⁴ Ibid.

⁵ India Nutrition Report: 2015

⁶ According to the India Nutrition Report 3.5 percent of India’s stunted Children are from Rajasthan.

⁷ Pradan – FFHT’s implementing partner too corroborates the point with their experience. Having worked in Sirohi for close to 8 years, focusing on improving livelihood opportunities and income levels of the rural community they have seen families improving their income levels but not the educational and nutrition status of their children. There does not seem to be natural transition of income to the issues of education and health.

⁸ India Nutrition Report: 2015



households without adequate levels of food, hygiene, or health care, stunting was 30 percentage points higher compared to households which had access to all these. Even if one aspect of the three was addressed by a household then, stunting declined significantly⁹.

A multi-sector intervention ensures that policies, programs, resources, and actions focus at the same time and place on the same child¹⁰ or an individual.

This paper highlights nutrition related priority actions to improve the health of women, children, and adolescent girls. It is based on our two year long intensive engagement with the tribal communities in Rajasthan.

⁹ Newman, J. 2013. How Stunting is Related to Having Adequate Food, Environmental Health and Care: Evidence from Bangladesh, India and Peru. Unpublished draft; from POSHAN policy note

¹⁰ POSHAN policy note





The 'Rajasthan Nutrition Project' (RNP) was an integrated intervention to address malnutrition in two blocks of Rajasthan, India. The intervention was supported by Freedom from Hunger's Trust along with two field partners – Vaagdhara and Pradan – in the districts of Banswara and Sirohi respectively. The 30 months long Project titled "Empowering Poor, Marginalized Women in Banswara and Sirohi, Rajasthan for Improved, Gender-Equitable Household Nutrition", aimed at improved nutrition of poor households with a special focus on rural women, adolescent girls and children.

Strategic Objectives

- To improve knowledge, behaviour and access to local services related to nutrition for women, adolescent girls and young children.
- To facilitate dialogue that will lead to increased women's empowerment and more gender-equitable resource management and food distribution within the household.
- To improve women's financial literacy, resource management ability and skills related to planning for better household nutrition.

Positive changes brought about by the Rajasthan Nutrition Project (RNP)

The RNP has ensured that nutrition is on the agenda of the implementing partners and of the women involved.

- The women have made definite efforts towards
 - diversifying what they sow in their fields,
 - to use the 'adjacent unused lands' to grow green vegetables & medicinal plants for their own consumption,
 - to send their children to ICDS centers to 'sit and eat' and not to 'go and bring',
 - to fight out their rights at the PDS even if it means to go to the district level to resolve the matter,
 - to ensure that a new mother is breastfeeding the child within the first hour of the childbirth,
 - to cook a separate meal for their small children, and not give them a piece of a chapatti and let them be on their own,
 - to go buy an iron cooking pot in groups of women from the same vendor at a cheaper price to count a few of them.
- Many ANMs¹ report how their work has been made easier by the volunteers of the program especially in terms of spreading

¹ Auxiliary Nurse Midwife



awareness and information, doing their work methodically and increasing their coverage.

The approach has yielded results in bringing positive changes in the lives of people. About 30000 people have been reached out through 8000 primary touch points – that of SHG women.

Guiding Principles: The Rajasthan Nutrition Project

Evidence based programming: The RNP evolved its theory of change, project and approach from evidences and research done globally. The evidence also came from FFHT's own work in other geographies informing the multi-sectoral approach of this project.

Focus on vulnerable groups: Focus of the project was decisively on the more vulnerable groups within the families, viz. girl-child, adolescent girls and women who are comparatively more insecure in terms of access to food and nutrition and are often left out in emergencies like a drought or food shortage.

Women's empowerment: Based on the evidence on the importance of women's empowerment for an effective nutrition program, the issue was kept central to the program approach. As catalysts of change on the ground, the project's foremost aim/method was to empower women by investing in group based programming, and strengthening the local women's leadership.

Strengthening self-help groups: Strengthening SHGs towards more independent functioning and diversifying the issues that these groups could address, was a priority for this intervention. Capacities of member women and women leaders were built to utilize SHGs as social platforms and undertake common actions towards improving aspects of nutrition-security.

Local partnerships: The focus of FFHT's interventions has been on leveraging the strength of the local partners, as they are rooted in the context and understand the needs of the people better. Building on the strength of the partners, FFHT has built their capacity on nutrition and other aspects specific



to the intervention. It ensured sustainability of the skills and information being used by the community in a cost-effective manner.

Cost Effective Model: The objective of getting nutrition on the agenda – of partners and of the community- was done through a cost-effective model capitalizing the available spaces for a collective action within the community and building upon the strength of the partners.

Establishing linkages with the Government: The RNP was implemented in the context of the initiatives by Government for improved nutritional outcomes. RNP built linkages with these initiatives and built capacity of community to access their entitlements.

Simple information and greater results: As most of the women in the project were not formally literate information based on local context, practices and locally available food was capsuled in ways that it was actionable, usable and enabled easy recall. The result was better on account of this.

Sustainability: A core aspect of the intervention was on sustainability. By working with the community and partners, it ensured that nutrition became an agenda in the other interventions of the partners and of the community as well.

The multi-pronged implementation approach should have the following ingredients:

1. Ensuring food security & diversity at the level of a household:

Food security for the households has been ensured by synergizing linkages to government schemes, growing own food, and saving food for difficult times to ensure that the family has nutritious food to eat at all times. The past two decades have also seen a major shift in the understanding of the policy responses required to improve nutrition and its correlation with the



empowerment of women. It is now clear that an enabling environment plays a key role and that policies that change aspects of the food environment are required (such as revival of locally grown and available/forgotten food, food preservation, encouraging savings to purchase food during the lean time etc), as well as nutrition education and information. Gender Autonomy plays a key role.

Ensuring Access to Entitlements: Access to food security schemes like ICDS, PDS and school Mid Day Meals do significantly support the families during the food deficiency. Hence, it is important that the interventions are geared to support community based actions, to ensure access to such food security schemes / and also ensuring down ward accountability. In RNP, ensuring linkages with these services and their monitoring by the women's groups has ensured that these benefit-points deliver the entitlements due to the people. The process of asserting their rights has been a struggle as well, and women have successfully picked these struggles up. Ensuring the access to these entitlements has meant nutritious food for their children, saving them from serious diseases and ensuring that the pregnant women are taken care of in the villages where these services are of high importance, given their remoteness and poverty levels.

- **Self Help: Growing your own nutritional garden – the Poshanwadi:**

The term 'Poshanwadi' means a place which is a home (Wadi) for nutrition (Poshan). Kitchen garden practices were promoted and mainstreamed during the project². A key 'self-help' component of the RNP was to enable, educate, and mobilize families to grow locally available foods at their own places for consumption³. The Poshanwadis focused on green vegetables⁴ and foods used as accompaniments like green chili, which are rich in vitamins. These



² This approach of kitchen garden has been globally acclaimed as a highly effective strategy. As an approach, it even forms a part of other countries' policies on food and nutrition. For instance, National Food Plan of the Australian government mentions the Kitchen Garden National Program to develop gardens in more than 650 schools across Australia to 2015.

³ The Food and Agricultural Organization (FAO) also recognizes that gardening can enhance food security in several ways, most importantly through: 1) direct access to a diversity of nutritionally-rich foods, 2) increased purchasing power from savings on food bills and income from sales of garden products, and 3) fall-back food provision during seasonal lean periods. These are sometimes called backyard or kitchen gardens. These gardens have an established tradition and offer great potential for improving household food security and alleviating micronutrient deficiencies. http://www.fao.org/ag/agn/nutrition/household_gardens_en.stm

⁴ For instance spinach, fenugreek



Poshanwadis were developed in a backyard or an adjacent piece of land, which is easy to access and where it can be done. In many areas, there was a positive coordination with the ICDS centers in the promotion of Poshanwadis adjacent to them which ensured supply of water as well as utilization of the 'green produce' in the ICDS centers.

- **Nutritional Sensitive Agriculture (NSA):** The NSA enables the community through knowledge inputs to help decide which crops to sow from a food security and nutrition point of view. This helps to maximize the opportunity from agriculture to address nutrition. As most of the women and their families engaged with the program were farmers, they were helped in identifying and selecting crops to support their own needs of nutritional intakes. Using simple analogies such as the various colors of food that they should have on their plate during the training, the aspect of balanced diet and nutrition was conveyed to them. During cultivation periods, they were assisted with sowing more crops which would also help their household nutritional security. Evidence shows that by putting more focus on nutrition outcomes, i.e. by including nutrition objectives at the outset, agricultural interventions can improve the capacity, productivity and future prospects of agricultural workers and also contribute to reducing under-nutrition⁵.
- **Drying and storing food – Extending shelf life of food for nutrition:** Building on the community knowledge of drying and storing food, the program sought to expand the options. The number of crops that could be dried and stored were increased and this has helped them to store crops that became expensive once their season was over. Building on the local repository of wisdom on food security, the project built upon it, expanding their options.

2. Ensuring proper care and feeding practices for infants and children: Focusing on the children, the program equipped the community with the information on right health and care practices. These include correct breastfeeding and feeding practices for children beyond six months. This component laid stress on the fact that a new mother needs as much time and support from her family as much as the baby needs. It also reiterated a key message about the importance of good nutrition during pregnancy and the first 1000 days and how the lack of proper nutrition

⁵ Multi-sectoral Approaches to Nutrition: The case for investment by Agriculture



during this period could cause irreversible damage to individuals, including diminished physical growth, fewer years spent in school and diminished wages and productivity⁶. This program component also focused on how to decrease the disease burden of the child due to lack of awareness and wrong practices by the caregivers. The community was made aware about home based steps for diarrhea management through use of ORS and a set of good practices during routine fever, cough and cold. This intervention enabled linkages with the Anganwadi, Asha, ANMs and health centers for health care and also to reduce expenses that families incur on taking the child to private hospitals. Focusing on practices like hand washing it sought to make an impact on the health of children especially in situations of diarrhea. It also focused attention on providing knowledge to women to ensure nutritional status of infants and small children, especially till the age of 5 years.

3. Empowered Women – Key Element of the Intervention: There is an increasing recognition of the impactful role of the primary caregivers on the children and adolescents in a household. There is significant global data on the strong correlation between an empowered mother⁷ and the nutritional outcomes of the child. An empowered mother can:

- Influence and impact the best to allocate food and non-food resources in the best suited way
- Keep nutrition on the agenda
- Ensure right care and feeding practices for the infants and the young
- Ensure cleanliness
- Play their part in addressing issues of child protection and ensuring that a child’s right to an unbiased environment is protected

The RNP believed that to be empowered, women need to be mobilized into a collective. The women SHGs provided an ideal vehicle for this. The SHGs, as a collective were considered more stable. The links between the women and the SHGs was strengthened and sustained by making their

⁶ Ibid

⁷ Naila Kabeer provides a useful conceptualization of empowerment: “the expansion in people’s ability to make strategic life choices in a context where this ability was previously denied to them”. This understanding of empowerment emphasizes two important elements: first, it highlights that empowerment is a process that involves change from a condition of disempowerment and denial of choice to one of empowerment. Second, it emphasizes agency, meaning that “women themselves must be significant actors in the process of change that is being described or measured”. Following this interpretation, agency—the “ability to define one’s goals and act upon them”; involves not only decision making and choice but also resistance, bargaining and negotiation, and reflection; see IFPRI Discussion Paper 01294, October 2013



saving, loaning and bank linkage activities regular and smooth. In areas where there were no SHGs, the program invested in forming and / or reviving dormant SHGs. The capacity of the SHGs for book keeping and managing their affairs was also built to ensure sustenance. The process of linking them to the banks too was facilitated in many cases. Linking women to SHGs not only helped women to have an agency and voice, it also enabled them to take decisive actions towards nutrition and health, as they were able to access money independent of the men in the households.



4. **Saving for health: Cover for out of pocket expenditures:**

SHGs were also converted into 'self-health' groups. They were advocated and helped to save a certain percentage of money as a health fund. This was useful when anyone needed money for out of pocket expenditures to access health care. Evidence shows that often a loan from the SHGs was used for health care expenses. Hence, this contingency fund was created to meet the expenses of health care. This ensured that the loans from the SHGs were used more for productive activities than to access health care. Every SHG in the project location has a contingency fund. For pregnancy care, women were encouraged to access the entitlements due to them from the government.

The savings in the SHGs become handy to purchase grains/ or borrow grains. This is seen as one of the effective coping mechanisms by the community members during the lean seasons. They also ate uncultivated food collected from the forests, which can be promoted among women living closer to forests.

5. **Nutrition with WASH – a Symbiosis:** Elements of WASH was integrated to reduce the burden of infection, which has a significant impact on nutrition due to infection or diseases. Safe drinking water especially for children and aspects of sanitation and hygiene were emphasized to reduce the risk of infections and diseases. The focus was on bringing about home based prevention practices that would help especially children from diarrhea and other infections.



THE RNP STRATEGY

Research has demonstrated the close correlation between high levels of gender inequality and food insecurity, malnutrition and other nutrition deficiencies.⁸ Despite their crucial contributions to agriculture and the rural enterprises they manage, women’s own food security and nutritional needs, as well as those of their daughters, are neglected at the household level.⁹

The RNP has been developed as a comprehensive approach by combining the (i) nutritional specific interventions (ii) nutritional sensitive interventions (iii) linkage to governance mechanisms and schemes and (iv) saving for access to health services with special focus on women.

Strategic Framework RNP

Outcome	→	<ul style="list-style-type: none"> • Gender equitable nutritionally secure households • Improved nutritional outcome of about 30,000 community members 		
Key result areas and objectives	→	Improved knowledge, behavior & access to local services related to nutrition	SHG women ‘s increased negotiation power to take decisions regarding nutrition	
Strategic Interventions	→	Identifying & empowering Community Nutrition Advocates	User-centered, practice based staggered capacity building process	Facilitating linkages with Panchayats and service providers
Interventions to address three levels of determinants of malnutrition – immediate, basic & underlying causes	→	<p>Nutritional Specific Interventions Dietary diversity through Poshanwadis, Linkage to ICDS & Mid-day meals scheme, linkage to PDS</p> <p>Nutritional Sensitive NSA, group strengthening, IYCF practices</p> <p>Governance: Citizen monitoring of services, reiteration of village health sanitation day, and mother and child health day.</p>		

⁸ FAO. 2012. "FAO Policy on Gender Equality. Attaining Food Security Goals in Agriculture and Rural Development." Rome, Italy. Available at: <http://www.fao.org/docrep/017/i3205e/i3205e.pdf>

⁹ Gender and Food Security: Towards Gender-Just Food and Nutrition Security." (2014). BRIDGE Cutting Edge Programme of the Institute of Development Studies. Available at: https://opendocs.ids.ac.uk/opendocs/bitstream/handle/123456789/5245/IDS_Bridge_Food_Security_Report_Online.pdf?sequence=3



What makes the RNP special?

The understanding of the issue of nutrition itself is different. It is given in the table below. In addition, the RNP specialized itself in achieving three outcomes by its intervention:

1. Empowering women and women collectives for Household Food security
2. Empowering local partners
3. Simplifying monitoring & management

These are discussed in the following pages.



The alternate paradigm for thinking and doing nutrition¹⁰

The RNP is based on the new paradigm which considers the primary subject of nutrition program – the caregiver women – as active change makers than passive recipients.

Old paradigm: deficiency paradigm	New paradigm: women-centric/ gendered rights approach to address nutritional needs
Views women as passive recipients/ “bundles” of needs	Women as “agents of change”—such an approach recognizes the profound effect women have when they are involved in decision making, in nutrition programs
Views women as caretakers and thus men’s roles are ignored	Seeks to improve women’s economic and social status. In improving women’s skills and abilities, involves men and youth to reorient them about their roles within the family
Considers “packages” delivered will improve the nutrition of women and children	Recognizes that women’s education/ knowledge (43%) and women’s status (11%) play a significant role (up to 54%) in improving the nutrition requirements of the family
Believes that one-to-one counselling and education will bring change	Group-based approach—whereby the learning reflects and has a multiplier effect within and across communities—effective and scalable
Focuses only on health messages, and is health- and disease-centric	Looks at nutrition education as a strategy for overall development, not an end in itself. Hence, long-lasting change and sustainability are ensured by focusing on gender and financial literacy, instilling community-based ownership, and ensuring access to and monitoring of services.
Excludes an analysis of the causes of under-nutrition	Recognizes that multiple factors cause under-nutrition, and incorporates a multi-disciplinary approach, emphasizing collaboration between multiple service providers to address agriculture, livelihood, health, nutrition and capacity building.

¹⁰ Saraswathi Gopala Rao



1. Enabling Women's Empowerment

The Impact of Women's Empowerment

A cross-country study of developing countries in the period 1970–1995 found that 43 percent of the reduction of hunger that occurred was attributable to progress in women's education. This was almost as much as the combined effect on hunger reduction of increased food availability (26 percent) and improvements to the health environment (19 percent) during that period. An additional 12 percent of the reduction of hunger was attributable to the increased life expectancy of women. Thus, fully 55 percent of the gains against hunger in these countries during those 25 years were due to the improvement of women's situation within society (Smith and Haddad 2000) (see Gender Equality and Food Security Women's Empowerment as a Tool against Hunger – FAO & ADB)

Recent evidences indicate a positive correlation between increased women empowerment and improved nutritional outcomes for children and women. As a corollary, studies have also found that domestic violence has a negative correlation with nutritional outcomes (see IFPRI Discussion Paper, 01294, October 2013).

Investing in women's empowerment is not only about the realization of their human rights but is also a critical tool for investing in the population of a country as a whole. It contributes to a healthy population and a more able workforce. This is also a key reason why women are kept at the centre of various poverty alleviation programs. But, what is important to critically analyze, is whether the programs of which women are made a part are transformational for them, whether they empower them, whether they have been able to expand her agency to take decisions and to influence household decisions, or whether they fall short of questioning and reverting the underlying structures of power.

Women's empowerment does not happen in a vacuum. Maintaining household/family harmony is important, and this calls for men becoming more responsive/responsible to the women's needs, and with the understanding that they make decisions together on 'what to grow', 'what to purchase', 'how much to keep for self consumption', 'when to go to a health center', etc. Thus, there is a serious need to break the gender barriers right from the household level.



- **Group based programming:** Research suggests that a ‘group based programming’¹¹ approach has a greater potential of addressing intra-household relations, and enable women to understand and use their agency, thereby expanding the same. It enables the formation of a cohort, which has proven to be useful in case of adolescent girls and women, to assert their rights and use the knowledge they acquire by being connected to a program. While enabling the process of empowering women, it is also critical to work with men to ‘engender’ their perspective. A group based program has been fundamental to RNP, where the project has worked through the partners with the SHGs. These SHGs have been strengthened by being provided them with opportunities of interface with Government institutions and involving them through the systematized inputs on capacity building.
- **Increased access to financial resources through Microfinance:** Access to financial resources helps women to influence household decisions. Hence,



the RNP leveraged the role of partner’s efforts on SHGs. Women have been able to expand their agency, and have used the knowledge they have gained through the capacity building sessions, in their kitchens and household, and in negotiating with power structures both within and outside the family. Though the evidence on role the of microfinance and women’s empowerment is not very robust, there is evidence that male credit programs have had a negative impact on women empowerment and

also pose a threat of a higher debt. For the women, the SHGs have enabled a social networking space, exposure to institutions, even decision makers at the local level, a feeling of self-worth and a cohort environment of taking up issues that concern their lives. It has also enabled an increased access to and control over financial resources in the households; this has a positive correlation with nutritional outcomes.

- **Towards strategizing to include men in women’s care work:** A study in Gujarat showed that if one hour of the time women spent on fetching water, was used in a paid work, it would translate into an income of USD 100 in a year. (UNDP 2016)¹². In other words, hours spent on unpaid work

¹¹ IFPRI Discussion Paper 01294, October 2013

¹² GENDER EQUALITY AND FOOD SECURITY Women’s Empowerment as a Tool against Hunger – FAO & ADB



could translate into income, if the equivalent time was spent by women on productive activities. Meetings and discussions with the women and their families were used to make them understand that the care for children and others in the household is also a form of unpaid work. The time that women spend on this is rarely recognized. Recognizing this and freeing women from this could unlock their potential for productive engagement. This also has an impact on their empowerment and thus on the nutritional outcomes at the household level. Men and boys were encouraged to mark their participation in the household by doing household chores and playing an active part in feeding the children. Men who were active with understanding the aims of the project were also promoted and talked about as positive deviance.

The results from a study in RNP suggest that gender, particularly intra-household dynamics such as the decision-making power of women, their autonomy, their communication and their relationship with their spouse, matters for food security as well as for important health and nutrition behaviors. In the study, among those women found to have high autonomy, 39 percent of them were food secure; for those with low autonomy, only 12 percent were found to be food secure. The results were similar for children, demonstrating that their food security status is significantly associated with their mother's autonomy level. Autonomy of women is synonymous to sharing power in the household, for all decisions.

2. Empowering local partners

The two fundamental approaches integrated in the RNP has been the approach to strengthen the community and to make the SHGs self-reliant and enable them to make nutrition their agenda, and secondly to enable the integration of nutrition as an agenda in the other interventions by the partners. The RNP has given a nutrition perspective in the day-to-day activities of people's lives - saving, agriculture or even cooking food. This approach has built the sustainability quotient in the program from the beginning. Also, the communication of key messages has been kept effective in a way that people not only implement what they have learnt but also remember to tell it to others. Working with implementing partners was a strategic decision as the idea was to enrich the way local CSOs operated. Hence, those partners who worked in the areas of nutrition, livelihood, or health through community groups, were chosen.



Building on the strength of the implementing partners

As RNP was a two-year project, it was decided to implement the project through the implementing partners, who were the local organizations of that area. Intervention through the partners galvanized many key processes on the field, which contributed to achieving the impact that RNP has been able to create in the lives of people. Engaging with implementing partners has also sensitized them towards the nutritional aspect of health and livelihood, and has mainstreamed the issue in a way that they are thinking of their work. This has helped in enabling sustainability.

The Community Nutrition Advocates –the drivers of change

The drivers of change in the project have been the Community Nutrition Advocates, or the CNAs. The CNAs facilitated the project implementation. They are called Shakti Bais in Sirohi, and Annapurnas in Banswara. They have been the link between RNP and the rest of the women. They have also been the key women who have led the way, through demonstration – demonstrating the ideas that RNP held.

CNAs are women from the community and are a part of SHGs. They are the ones who are usually actively engaged in the group. CNAs are not necessarily formally literate, but they demonstrated initiative and had the natural elements of a leader. Many of them pursue what they consider right, despite the struggles in getting families and others to accept it. These CNAs were nominated by their own groups and then formed a part of the community core group, who got trained in the curriculum of the RNP. They underwent a series of trainings and interfaces with the local Government, departments and service providers. They were also trained to take simple methods of home-based critical health care, like preparation of ORS at home. The CNAs then, in turn, went and trained the women SHG members on the same, using certain IEC materials that were provided to them.

The CNAs were the key link between the new information that the RNP brought and the women of the SHGs. The CNAs, in a way, steered the implementation on the ground. They not only trained the women in the village, but they also demonstrated many suggestions to increase the food cum nutrition security on the ground. So, the other women, who were neighbors to the CNAs, also 'saw' how things could be done and what benefits could be reaped out of the same. Various kinds of demonstrations in the field by the CNAs were the key.



Identifying and Empowering the Community Nutrition Advocates

The CNAs as the Drivers of Change

Identifying CNAs and building their capacity ensured that a core group of advocates was formed at the village level. This significantly facilitated the work with the community. They led the processes on the ground. These were women nominated by their peers for the leadership capacities they displayed, despite facing difficulties. A CNA recalled how her husband even used to try to harm her physically when she would go for the residential training, but she continued because she gained a lot of meaning in the learning environment that these trainings created for her. CNAs also supported each other's work. Women of a nearby village, who were comparatively more mobile and had families who were more understanding helped in making others' families understand the issue. CNAs also acted as a cohort of support for each other.

They were also the ones with whom the engagement and follow ups were regular. During the capacity building trainings, their interface with the departments and the service providers built confidence in them, which helped them. They were entrusted with the mission of going back to their SHG members and sharing with them the information that they received. Many of the CNAs reported that in the beginning, it was difficult, as they had to do public speaking. However, at the same time the feeling of saying something important propelled them. As they kept at it, they realized that they were gaining confidence; however, a much more fundamental element of confidence came from their own initiative in their own household, when they started to use what they had learnt more and more and started to see results.

The processes of identifying and empowering CNAs has been made possible by a strong handholding support by the implementing partners, and being a CNA has given the women leaders a sense of meaning and agency.



The Self-Help Groups

Research and experience shows that SHGs have opened many windows of opportunity. SHGs have enabled their members to participate in socio-economic and political spheres an opportunity not often available to a non-member. It is through the interactions at the SHG meetings that women start to get information about their rights and entitlements, and the processes to get it. They also save money as a regular savings practice and obtain loans when needed. This has also ensured that women are seen as “productive members” of the family. She gets consulted when the family needs money, as she is the one who can obtain a loan.

The evidence on whether the SHGs enable women to come out of their gendered roles is mixed. However, this is evidence that the group processes enable women to do many things that they would not be able to do as individuals, such as, stepping out of the home, accessing government schemes and benefits, save, having a say in how the loaned money should be spent / invested, etc. This enables many women to have the power of negotiation.

The SHG platform enables solidarity among women and opens opportunities. A cohort of women makes many things possible. In addition, SHGs meet regularly. The RNP capitalized on this to provide information critical to people’s health and nutrition. Hence, as a strategy of the RNP, it was decided to reap the maximum possible benefit of a group that meets regularly. From the RNP point of view, it has helped to:

- Work with an assured number of people: As the members in the SHGs meet more and regularly, this meant that the project was reaching out to a certain and assured number of people.
- Work with a well-formed group: Since these are well-formed groups, the groups meet regularly, share information, take stock on progress, and have a space for people to share their difficulties and resolve them.
- Mainstream the perspective of ‘saving for health’: These groups save regularly; they found the ‘saving for health’ aspect useful and initiated keeping a separate contingency fund for health reasons.
- Getting nutrition based lifestyle changes implemented: As a self-help group, the members, upon receiving useful information, found strength in each other to change and alter household practices, despite initial resistance from the family.



Agency and Negotiation - A Group Process in Shifting to an Iron Pot for Cooking

One of the practical suggestions during the capacity building trainings was on the Iron Supplementation in foods, because as research indicates, generally women are anemic. A suggestion was made that the women could buy an iron pot to cook their food in instead of the alloy pots that they used. They were also informed that they could verify how the iron pot was supplementing iron by checking the color of their feces the next morning. Many women accepted this suggestion and bought iron pots costing about Rs 150 to 200. This was a substantial investment for a poor family, and many women used their own savings to buy these pots. This signals the agency and negotiation of women to decide on issues.

The women mentioned that the decision was taken as a group, as they had seen the CNAs doing it. It took some time convincing everyone, but as a woman SHG member puts it: “when you are a group, you have to do almost everything together, otherwise the solidarity of the group suffers. Also, because this purchase was going to be a bulk purchase, the vendor was going to give us a discounted price. If anyone did not want to buy now, only later, she would not get the benefit of the bargain”. In many cases, a few women went together to the local market for vendor verification and then upon selecting one, called him to the village to supply the pots.

Many women, including CNAs, report how cooking in an iron pot was initially a challenge, because the other members in the house were not convinced. A woman of the house was introducing something new, completely of her own accord, which wasn't welcome. However, supporting each other, and quoting each other as examples helped them to do what they thought was important for their families. The fact that these women also could bring in money when needed, helped them to undertake this successful negotiation because of the confidence they felt in themselves.

2. Simplified Monitoring & Management

The RNP has enabled the community volunteers, and the CNAs, to lead the monitoring and they have been the front-liners in the process. For concurrent monitoring processes, the project used simple tools and indicators that could be understood by CNAs. The CNAs have led the monitoring through regular home visits in the community. Home Visits have been an important mechanism of assessing the progress and resolving household specific problems. The CNAs



have been able to address different household situations, finding an answer from their own experience, thus also making the entire process self-sustained.

Examples of Key Monitoring Indicators that the CNAs use are listed below, and these indicators are also mixed with important messages that need to be reiterated:

- Women having 4 different colors of food in their plate
- Grow at least one nutritious herb in their farm / courtyard
- Men and women have at least one meal sitting together
- SHG leaders are in dialogue with the service providers
- Every member is linked with PDS, getting food as per their entitlement

User-centered, practice-based staggered capacity building process

Context-specific tailor-made information packages were developed as part of the training package. These were based on locally available foods, local practice, and local culture. The IEC materials based on these packages were designed, keeping in mind that the women were formally not literate. The training material had key messages in an actionable and easy to remember forms, which helped women to not only remember them but use them on the ground. The CNAs were trained first and they, in turn, trained the SHG members. There were 5 modules that women were trained on. The highlights of the capacity inputs were:

- **Staggered:** The training was designed in a staggered manner. Each input was followed by an implementation time. During this time, the CNAs, with close support of the implementing partners, focused on implementing what they had learnt at an individual level, and with the other SHG members. This allowed for the practice time of the concepts, to understand them well.
- **Simulation, demonstration and interface:** The capacity inputs utilized the methodologies of simulation, demonstration and interface for best results. Each practical suggestion of improving the nutritional content of the food was demonstrated to the CNAs – be it how to sprout lentils, how to mix available flours for maximizing nutrition, or sowing available seeds as a kitchen garden. The capacity building trainings were also a platform where department heads and service providers were invited; trips to departments were made for an ice-breaking, and for understanding the entitlements of each person. It also taught them their rights to and the process to access that.

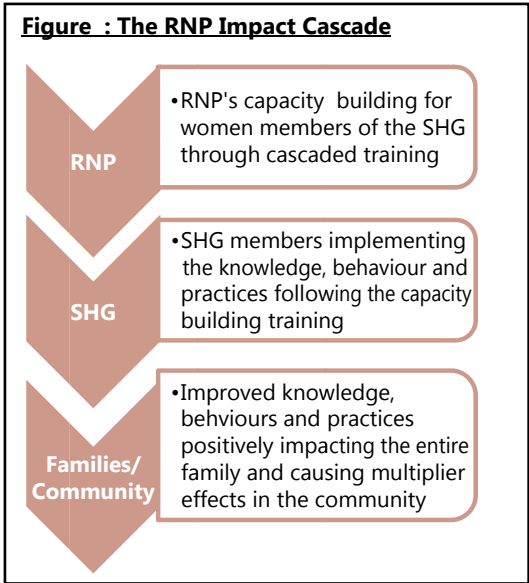


Cascade model: The CNAs were trained in residential workshops and they, in turn, trained the SHG members in the community at the village level. The cascade model led by the CNAs enabled them to become ambassadors of the nutrition message at the village level, and to internalize the practices that they were imparting. As a result, they became stronger in their identity as CNAs – relaying the message consciously and unconsciously.

- **Sharp messaging facilitated by Picture lead approach & Life-size BCC material:**

The Picture lead discussion was the key approach used in the capacity building trainings of the CNAs, as most of the women leaders were not formally literate. Sharp messaging combined with the power of visuals was used to share the message effectively. For instance, many women reported to ‘have 3 soaps’ as one of the takeaways from their sessions with the CNAs – a practice that

they are following (one soap for bathing, one for washing and one for toilet use; or to have at least 3 or 4 colors of food in our plate as an indication of a nutritionally well balanced diet). The CNAs were given life-size BCC material for their use at the village level. They found these materials effective in maintaining the interest of women as they addressed them. It also provided for an easy reference to the CNAs, so that they could recall what they had been told in the capacity building trainings without much ado. Hence, these life-size BCC materials aided the CNAs in public speaking and establishing their leadership on the ground.



Managing the Message Loss at the Field Level

To mitigate the risk of key message loss at the field level, a KEY MESSAGE BOOKLET was put together for special use by the CNAs. This booklet summarized the fundamental things to be done at a daily household level. This was made for mitigating the risks of the transmission of knowledge when it takes place from one source to another. As the 5 modules of the capacity building had detailed messages, to ensure that the fundamental steps do not get missed out, the KEY MESSAGE booklet was created. It helped the CNAs to maintain the information imparted non-negotiable, and at the same time ensured that a certain common minimum was delivered to the SHG members across the village. More to this pool of information was added in following meetings and the visits that the CNAs did as a regular part.

Challenges and Opportunities to Replicate

Some of the key challenges in implementing the RNP were:

Effective strategies to involve men: The RNP's strategic framework recognizes the importance of engaging men for a nutritionally balanced household, of freeing women of the care-work, and also to share the responsibility of ensuring nutrition for a family – on both men and women. While the strategy was framed keeping this perspective, the men's engagement remained limited. The project was able to make women ensure that the men sat together for at least one meal in a day. This was proposed to reduce the gender bias in food distribution. Eating together also provided an opportunity to discuss several things, which they did not do earlier, enhancing joint decision making. Besides this, there was no significant involvement of men in the project.

Should CNAs as volunteers be paid for their time: CNAs are the key link with the community members. However, the question of whether they should be paid for their time or not posed an issue, with different perspectives by different stakeholders. Whether the spirit of volunteerism gets exploited or gets strengthened in the absence of a certain payment, continues to be debated.

Working with two different implementing partners: Each of the two partners for the RNP has different approaches to working with the community, work culture and conception on how to ensure that the project is sustained. Working with diverse partners also provided insight into different ways of handling



intervention with common objectives, though sometimes raises challenges of coordination.

A short implementation period: The RNP was a two-year project. While the short span gave an impetus for implementing activities to realize the results, it also posed a challenge, which needed more time with the community. For instance, building the capacity of the community needed more time and it would have perhaps led to more behavioral change.

A Replicable model

‘Integration’ has been the strategic element of the RNP. The project has not invested in creating parallel structures or groups on the field for nutrition issues but has capitalized on already present / available spaces. It has integrated nutrition as an issue in the way Implementing Partners function and think about agriculture & livelihood; it has nutrition integrated into the matters that invite a collective action from the SHG members. The RNP hence presents a model easily replicable, scalable, and sustainable since (i) it is about an issue which has direct relevance to people’s lives (ii) presents them doable and effective ways to address their situation (iii) builds on available community platforms and is hence (iv) cost effective.

The RNP approach was based on capitalizing the community based organizations and their processes already available in the field. The mantra lay in integrating the aspect of nutrition and making it their agenda – a first time discussion for many SHGs. The relevance of the issue and the program approach made people understand and pick up what they needed to do, and how. They are now reaping benefits, sharing useful information even with their families and with the women who are not a part of SHGs.

The RNP has achieved more than it set out to. Taking the intervention to the next level, the CNAs along with their own groups have begun to assume monitoring roles as parents and citizens of their Gram Panchayats. They undertake self-initiated monitoring visits to not only ICDS centers but even the PDS shops to cross verify whether the work is being done the way it should be and to the schools to check the mid-day meal being cooked for their menu and quality compliance. Women in groups go for these visits because they understand the power of a group vis-à-vis that of an individual. They are using what they have obtained according to their own discretion and wisdom. They have now started seeking their “entitlements” without any external prompts.











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