

Improving Complementary Feeding through Community-Based Management of Malnutrition in Rural India

BACKGROUND

A baseline survey conducted during 2012 among selected districts with extremely marginalized populations in Bihar, Chhattisgarh, Jharkhand, and Odisha revealed high rates of malnutrition and poor infant and young child feeding (IYCF) practices. Among 3,489 children surveyed, 60.2 percent were stunted, 55.1 percent were underweight, and 24.4 percent were wasted. Only 23.9 percent of the children age 6–36 months received appropriate feeding from diverse food groups (AAM Unpublished).

To address this issue, in 2012, the Action Against Malnutrition (AAM) project was created to attempt to effectively manage child malnutrition at the community level in seven blocks of these states. It targets children from birth to three years and is implemented collaboratively by the Public Health Resource Society, and the nongovernmental organizations Child in Need Institute, Chaupal, Ekjut, and Idea. The project will end in April 2016 and is financially supported by the Jamsetji Tata Trust.

APPROACHES AND METHODS FOR IMPLEMENTATION

The AAM project includes three main activities:

Crèches/day care centers provide locally produced and procured calorie-dense food three times a day to children age six months to three years. This food addresses 70 percent of their daily nutritional requirement. The centers are designed

so that mothers can leave their children there while at work. All crèches are provided with toys and other materials required for early child care and development.

Each crèche has one trained caregiver and one helper. These workers manage the crèche logistics, prepare food, take care of children, engage in playing activities, and maintain the children's records (growth monitoring, referrals). These workers are trained and supported by the project team. The community provides input into the selection of the crèche workers, the location of the crèches, the hours of the center, and the menus. A village crèche committee helps to manage the logistics and materials for the crèches.

Each block has one crèche coordinator, who provides overall supervision and monitoring. The crèche coordinators are core project staff from the respective implementing organization.

AAM has a monitoring information system that tracks the growth of all crèche children and generates reports based on regular growth monitoring.

At present, there are 139 crèches covering 3,200 children.

Community mobilization targets women of reproductive age by using a participatory learning and action (PLA) approach. Village women are selected and trained to lead monthly participatory meetings on malnutrition, IYCF, child care, and other health issues in each village under their catchment areas. They also conduct home visits

to provide counseling to mothers with children under three years old. This activity reaches almost 20,000 women.

The community facilitators are village women selected by the implementing organizations. These women are identified through the existing village networks (for example, self-help groups) that the implementing organizations have established in these areas through their past work. Most of the women facilitators have had experience in community-based work.

Systems strengthening builds the capacities and processes of services that have an impact on nutrition, which include Integrated Child Development Services, Department of Health, Village Water and Sanitation Committees, the Public Distribution System, Nutrition Rehabilitation Centers, Malnutrition Treatment Centers, and the Mahatma Gandhi National Rural Employment Guarantee Act. The project works with frontline workers and with block- and state-level officials to ensure that all the services reach their rightful beneficiaries, confirm that equipment is available in the centers, and support convergence among the different services. The project teams from the implementing organizations work with the frontline workers in the districts/blocks where the project is implemented. The project teams have trained many frontline workers (*anganwadi* workers) on growth monitoring, using mid-upper arm circumference indicators, identifying children with severe acute malnutrition for referrals, etc.

The Public Health Resource Society is the lead coordination agency and hosts the project management unit. The project is guided by an advisory group consisting of all consortium partners and external subject experts. All strategies are collectively developed and implemented uniformly across implementation sites.



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KEY FINDINGS

Monitoring data to date suggest some reduced wasting and underweight among crèche children. The monitoring information system revealed that among 587 severely wasted children enrolled, 85 percent showed a positive shift, with 49 percent moving into a moderate wasting category, and 36 percent moving to a normal category over a four- to six-month period from May to November in 2013. Among the moderately wasted, 26 percent showed no improvement and 7 percent declined to a severely wasted category, whereas 67 percent moved to a normal category (Prasad and Sinha 2015). Seasonality does have some effect on malnutrition; data are currently being analyzed to further examine this issue.

Observational data show mothers have been actively involved in regular growth monitoring, and that most eligible malnourished children are successfully referred to nutrition rehabilitation centers. The crèche program has also enabled women to improve their household income by increasing their participation in the workforce and stimulating an entrepreneurial interest in the local production of protein-rich, calorie-dense foods. There have been observable changes in IYCF practices in the community, especially with respect to initiation, quality, and quantity of complementary feeding.



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Opening crèches has received overwhelming support from the community. In addition to participating in identifying a central and convenient location, the community has contributed to running and monitoring crèches. Communities have demonstrated ownership of the crèches by identifying physical spaces, providing labor to convert broken-down rooms to crèches, building fences, providing firewood and fuel, and stocking crèche kitchens with green leafy vegetables and other nutritious foods. Although the project currently provides funds for operations, we find that the community actively supports, plans, and manages the ground operations.

A key challenge to the project is the extreme marginalization of the targeted communities and the dysfunctional, dilapidated public systems.

A separate quasi-experimental impact evaluation is planned to assess the project. The end-line survey for this project is expected in December 2015.

WAY FORWARD

A community-led comprehensive model that includes crèches and PLA offers the potential for ensuring proper child feeding, safety, care, and growth monitoring; for fighting malnutrition; and for laying the foundation for growth and development for children under three. The

process of establishing, maintaining, and financing these approaches requires substantial technical, operational, and financial investments. However, this proof-of-concept model can offer significant lessons to other stakeholders who want to invest in such approaches.

Although the state governments of Madhya Pradesh, Jharkhand, and Odisha have shown interest in the PLA strategy, the crèche component has not yet been implemented by any government agency. The implementation framework

of the Integrated Child Development Services (ICDS) states that 5 percent of the *anganwadi* centers should be converted into crèches (ICDS 2013). AAM's experience demonstrates that, with adequate financial, technical and operational support, it is possible to run crèches even in rural, tribal areas. The final impact evaluation will provide further insights into this model. In the meantime, consortium partners are actively engaging with the governments to help them understand the AAM approach as a potential model for the proposed ICDS crèche target.

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ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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