

Panchayat-Led Nutrition and Daycare Centres—The *Fulwari* Scheme of Chhattisgarh

BACKGROUND

In Chhattisgarh, nearly 53 percent of children are stunted, 24 percent are wasted, and 48 percent are underweight. Additionally, nearly 18 percent of infants are born with low birth weight (IIPS and Macro 2007), possibly because mothers are undernourished before and during pregnancy. High levels of poverty and women's workloads likely result in children getting neither essential nutritional care nor a diverse diet.

Current interventions are not set up well to alleviate this situation. While the Integrated Child Development Scheme (ICDS) offers hot, cooked meals and preschool education for children ages 3–6 years at *anganwadi* centers (AWCs), the services for children under 3 years and for pregnant and lactating women are severely lacking. Children of this age group rarely come to AWCs, and the majority of them are not covered under regular growth monitoring. While ICDS does offer a take-home ration for pregnant and lactating mothers and children ages 6 months to 3 years, this ration is only meant to supplement the household diet, which often lacks high-quality protein (eggs and milk), vegetables, fruits, oil, pulses, etc. The daycare centers for children under 3 years, as prescribed under the National Rural Employment Guarantee Act, have not progressed due to gaps in design and priority. For example, the AWCs only run for 4 hours a day; thus, mothers cannot leave their children there and work full time.

Chhattisgarh has a statewide program using community health workers called *mitanins*. The National Rural Health Mission organizes the payment of small stipends to the mitanins through the panchayats and recognizes them as accredited social health activists. The mitanins enjoy a high level of credibility with local communities through their leadership of Village Health, Sanitation and Nutrition Committees (VHSNCs), which play an active role in monitoring the status, services, and behaviors related to the village's nutrition and health.

In 2012, to address the issue of undernutrition and harness the strengths of the actors working in the area, the State Health Resource Centre, Chhattisgarh, a nongovernmental organization providing long-term technical capacity to the Department of Health and Family Welfare, began working with the panchayats of Surguja to create community-managed feeding and daycare centers called *Fulwari* ("flower garden"). The Collector and Zila Panchayat of Surguja District were particularly keen to start the initiative, as at the time, Surguja had the highest under-5 child mortality rate in Chhattisgarh. The *Fulwari* scheme is now being scaled up across the state.

INTERVENTION

Fulwaris only start in villages where parents or mothers agree to run them by contributing their time. When the community agrees to start a *Fulwari*, the gram panchayat representatives

and community adopt a resolution and send a demand note to the block panchayat. To fund the activity, district panchayats release funds to gram panchayats, which in turn release funds to VHSNCs headed by the Ward Panch and a mitanin. The committees release funds to mothers' groups, which purchase utensils and supplies for the Fulwari, with the help of the mitanins in maintaining accounts and records. The mitanins also assist the auxiliary nurse midwives, anganwadi workers, and accredited social health activists in providing deworming, iron supplements, take-home rations, and health checkups at the Fulwaris.

Kitchen gardens at the Fulwaris are established using inputs from the Department of Horticulture.

The Fulwaris provide daily three hot, cooked meals to children age 6 months–3 years. Pregnant and lactating women also get one meal a day at the Fulwari. The mothers create the menu, with the stipulation that each day a green vegetable must be fed to children, oil must be added in each feeding, and each child must consume a minimum

of two eggs per week. Mothers also contribute the nutrition powder from their take-home ration, which is fed to children at the Fulwari during breakfast.

Two mothers volunteer each day to take care of children at the Fulwari for 6–7 hours, which allows the rest of the mothers to go to work. Thus, each mother volunteers 1 day per week in the Fulwari. The mothers do not get any wages for contributing their time, but are allowed to have a meal at the Fulwari.

The district panchayat reviews the program regularly during quarterly meetings of its General Assembly. Block panchayats review the program monthly during meetings of the presidents and secretaries of gram panchayats.

KEY FINDINGS

Beginning the Fulwari program was difficult at first, mainly because it was difficult to convince (1) certain members of state- and district-level government offices that malnutrition requires



a multidepartmental action, and that it is not only the responsibility of ICDS; (2) the panchayat department, which is burdened with many large programs for rural development, to be enthusiastic about participating in another program, and to release funds to the village committees; and (3) the anganwadi workers that the Fulwari was meant not to duplicate or undermine their work but to complement their services.

However, after demonstrating that the program could be led using the strengths of the community, mitanins, and panchayats, stakeholders bought into the program. By the end of 2013, 300 Fulwaris had been instituted in Surguja, reaching approximately 3,700 children and 650 pregnant women.

Based on the experience in Surguja and the positive response from the community and those involved, the Government of Chhattisgarh decided to replicate the Fulwari model across all the 85 tribal blocks of Chhattisgarh through the panchayats. As of 2014, 2,800 Fulwaris are functioning, reaching 35,000 children and 15,000 pregnant and lactating women. Currently, the statewide rollout of the Fulwari program is in progress. Zila Panchayats have organized the district-level orientation program for block panchayats, and in each block panchayat, gram panchayats are becoming oriented on how to run the Fulwari program. Mitanins and Ward Panchs are conducting meetings at the community level to identify which communities are interested in organizing a Fulwari.

LESSONS LEARNED AND CONCLUSION

Thousands of children under the age of 3 in Chhattisgarh are now obtaining hot, cooked meals, and the Fulwaris are offering an alternative child care option for working parents of younger children. The Fulwaris have also provided an opportunity for panchayats to learn more about and appreciate the importance of local health and nutrition. The intervention is unique in that it brings together mitanins and panchayats as key collaborators, trying to jointly achieve an objective within communities. The experience shows that panchayats can play an effective leadership role in community-based nutrition interventions, provided



that a nongovernmental organization and government departments are working to facilitate the process. Further research may be necessary to understand the full benefit of such approaches on child nutrition and development. For this purpose, data is now being collected and documented by an external agency in collaboration with UNICEF.

REFERENCES

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About Transform Nutrition

Transform Nutrition is a consortium of five international research and development partners funded by the UK government. Over 5 years, from 2012-2017, Transform Nutrition aims to transform thinking and action on nutrition and strengthen nutrition-relevant evidence in order to accelerate undernutrition reduction in South Asia and sub-Saharan Africa. For more information, please visit www.transformnutrition.org.

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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