



CONVERGENT ACTION FOR BETER MANAGEMENT OF MALNUTRITION

Ms Nilanjana Ghosh, Mr Arup Das , Dr Aditi Roychowdhury

Child in Need Institute (CINI), Pailan, 24 Parganas (S), West Bengal, India, 700104

Background

India's Development Strategy.....something is not quite right!

MIRROR, MIRROR... HOW INDIA RANKS IN SOUTH ASIA

INDIA'S RANK AMONG SIX SOUTH ASIAN COUNTRIES (TOP = 1, BOTTOM = 6)

	IN 1990	AROUND 2009
GNI per capita	4	3
Life expectancy	3	6
Infant mortality rate	2	5
Under-5 mortality rate	2	5
Maternal mortality ratio	3	3
Total fertility rate	2	4
Access to improved sanitation	4-5 ^a	5-6 ^a
Child immunisation (DPT)	4	6
Child immunisation (Measles)	6	6
Mean years of schooling	2-3 ^a	4-5 ^a
Female literacy rate, age 15-24	2-3 ^a	4
Proportion of underweight children	4-5 ^a	6

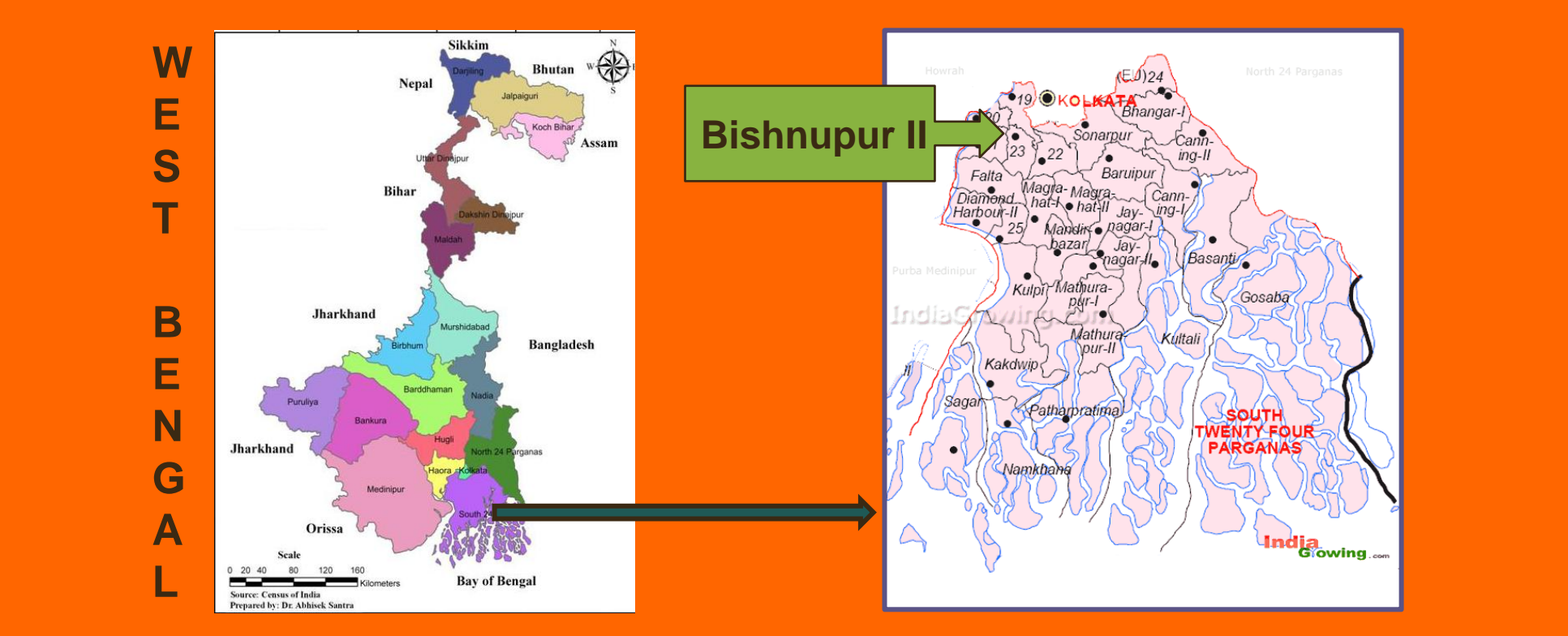
^a Ambiguous rank due to missing data for Bhutan (or Nepal, in the case of "underweight children"). Source: See Table 1. The six countries considered here are Bangladesh, Bhutan, India, Nepal, Pakistan and Sri Lanka.

India's rank has improved (per capita income) —from fourth to third. But in social indicators, India's rank has *worsened*, in fact, quite sharply in many cases.

Decades of compartmentalised actions and initiatives by different government departments has not served the purpose. An integrated effort at the local level is the way forward.

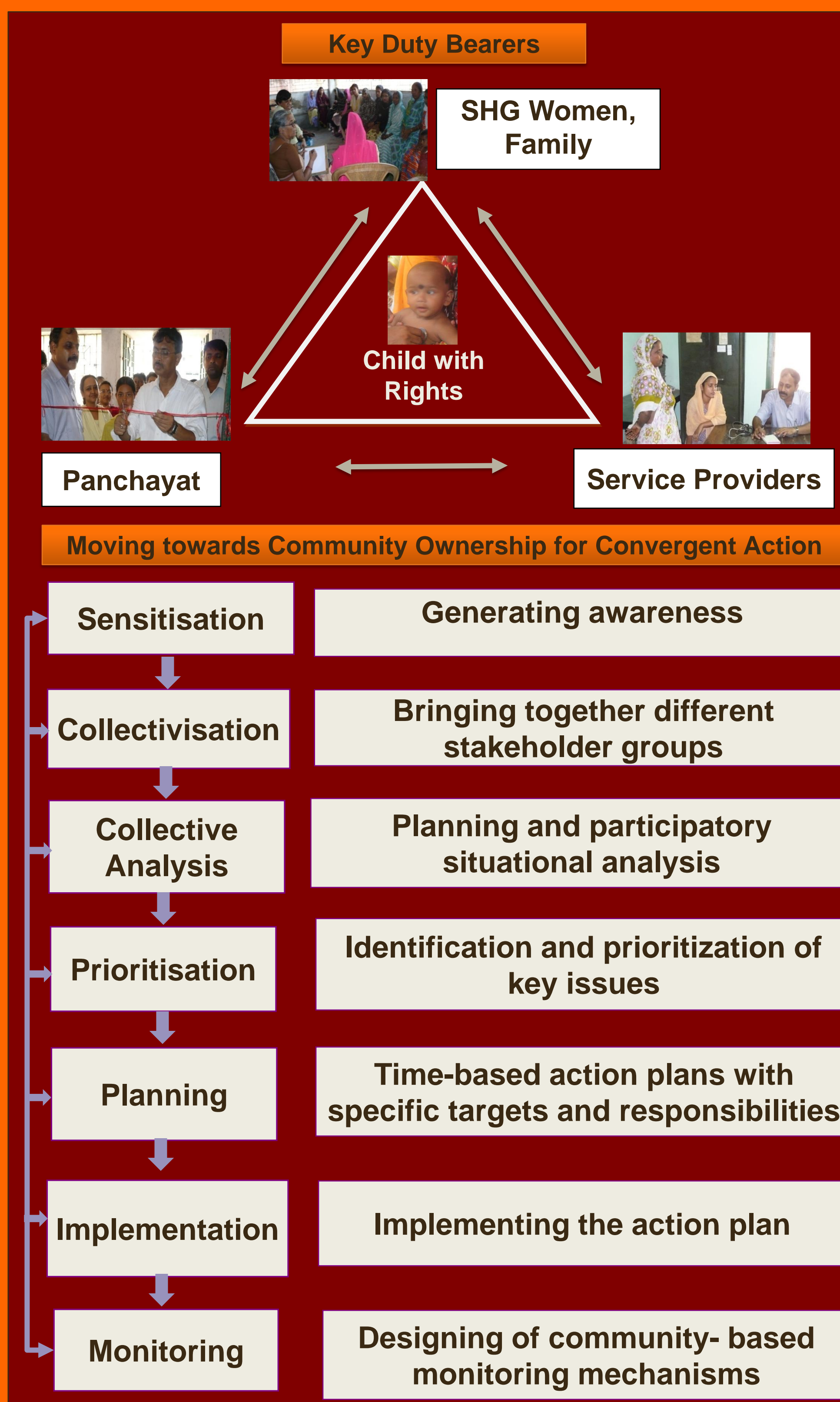
OBJECTIVE

To collaborate and initiate convergent actions among multi-stakeholders (health, nutrition, PRI, SHGs, Local women) in a cohesive way and build the ownership of the community for sustainable management of malnutrition in Kanganberia Gram Panchayat in Bishnupur II Block, 24 Parganas (S), West Bengal, India.



The collaboration was initiated by Child in Need Institute (CINI) in partnership with local Panchayat for last one year.

The Approach



The Process

Self Help Group Women, Anganwadi Workers and ASHAs participating in Collectivisation Meeting

Self Help Group Women and Anganwadi worker together identifying malnourished children through house to house survey

Self Help Group Women Supporting Anganwadi Worker in Growth Monitoring of Children at Anganwadi Center

Intervention- The process

The three major duty bearers were sensitized on the need for collective action to address the situation of malnutrition

Convergent platforms were mainstreamed - SHG women became an integral part of planning and monitoring

Malnutrition prioritised by the community in convergent platform

Joint Planning- defining strategy and role of each duty bearer

Duty bearers acted on the plan

Social-resource maps were prepared together by SHG, AWW, PRI and ASHA; households of underweight children were identified, plotted and tracked by them

❖ Survey done - together by SHGs, AWWs and ASHAs to identify underweight and acutely malnourished children (using MUAC)

❖ Panchayat provided funds for purchase of supplementary nutrition from untied fund

❖ AWWs distributed supplementary Food, counselled caregivers on cooking and feeding practices and monitored growth

❖ ASHAs monitored growth pattern & ensured immunisation, referral and treatment during illness.

❖ Trained SHGs and caregivers identified drop-outs, sensitized the mothers, conducted regular follow-up home visits and closely monitored feeding and hygiene practices

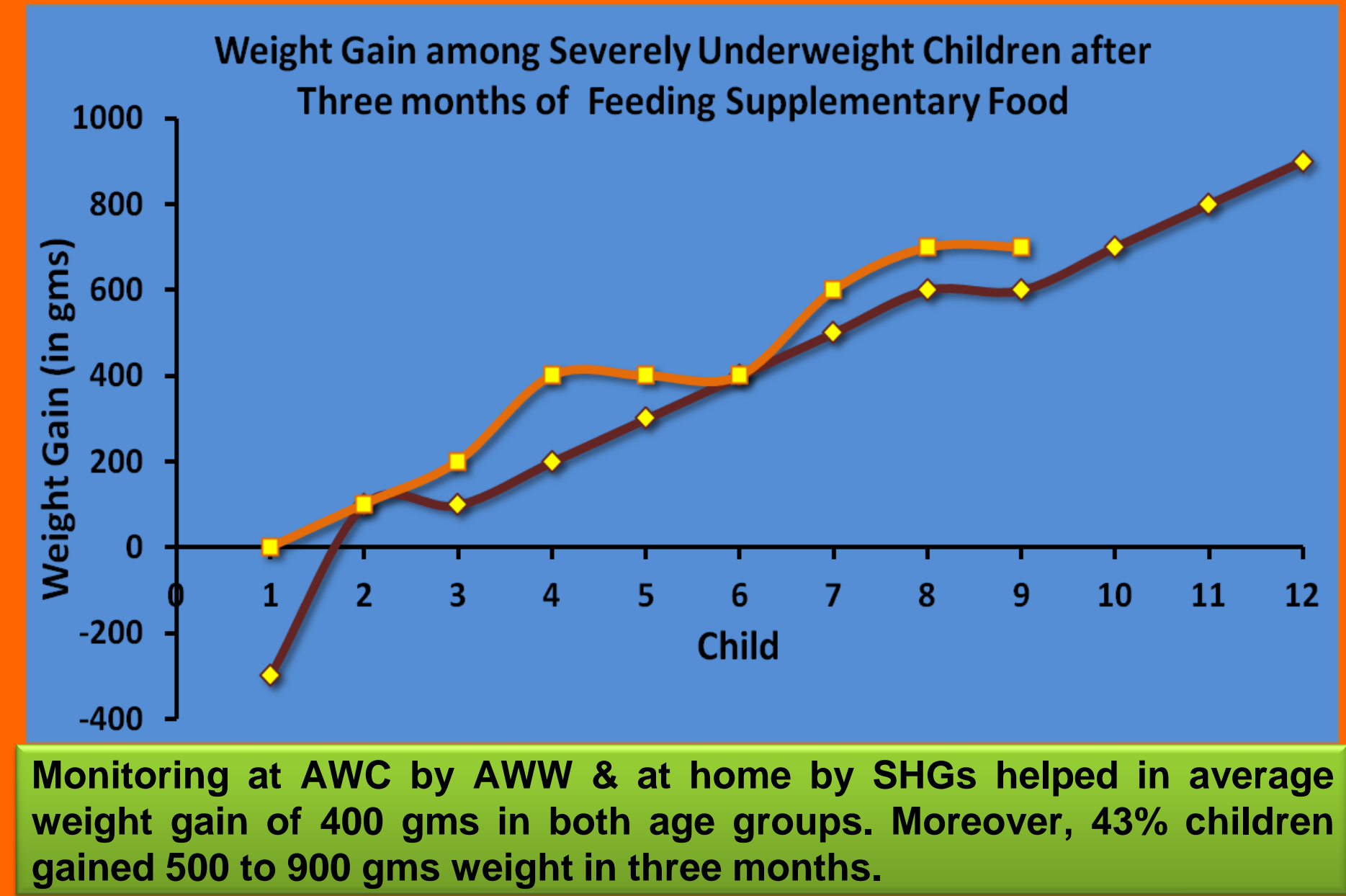
AWW & SHG monitoring the MCPC Breast Feeding Week

Mothers Celebrating Breast Feeding Week

Panchayat's order for Purchase of Supplementary Food for Children

Findings

- ❑ Improved linkage across the multi-stakeholders - Joint planning and monitoring system established
- ❑ Ownership of the community to drive the process was established.
- ❑ Quality of services improved - accountability of the anganwadi workers and ASHAs.
- ❑ Initiative of Panchayat lead to increased focus on improving child nutrition. Panchayat allotted INR 10,000 from their "Untied Fund" and included the budget for low cost nutritional food in their Annual action Plan.
- ❑ The convergent platforms (3rd & 4th Saturday meetings) were regularised.
- ❑ ICDS and health supervisors shared and prepared next plan of action with the Panchayat and SHG.
- ❑ Participation of 21 local SHG women in planning and monitoring of local issues including nutrition helped in building their ownership and giving a voice to the community.



Lessons Learned/ Conclusion

- ❑ Building the ownership of the community - to drive the process to improve nutrition jointly with other key duty bearers from this collaboration.
- ❑ Active community participation lead to more sensitization on their rights - increased demands for better quality and quantity of services for women and children and those in far to reach areas.
- ❑ The collective action of multi-stakeholders helped in effective response and building a sense of accountability among duty bearers to continue this effort in a sustained way.
- ❑ Persistent follow up and motivation of the duty bearers needs to be done in the initial stages of collaborative initiative.

Acknowledgements

Kanganberia Gram Panchayat for their continuous support
 Self Help Group women for their proactive involvement and participation
 Coal India for financial support

Contact Information

Ms Nilanjana Ghosh
 CWFC coordinator, CINI
 Email: cwfc@cinindia.org
 Website: www.cini-india.org