

Online Nutrition Consultation

for **Building Community Action for Nutrition**
(B-CAN) process supported by Bajaj CSR

Date: 24th July, 2020



Nutrition
Rights
Coalition



Organised by: SATHI and Nutrition Rights Coalition, Maharashtra



Introduction

The Building Community Action for Nutrition (B-CAN) process started in January 2019 and the intervention phase started from September 2019. The process is now getting positive results through the intervention in terms of reduction in malnutrition, developing community initiatives and strengthening of the nutrition services. But on the other hand, there are some technical difficulties while implementing the project throughout our intervention area, especially during the times of COVID-19.

In order to receive guidance and support for the future implementation of this project, experts with vast experience and expertise in the area of Child and Community Nutrition were invited for the **online nutrition consultation for B-CAN on 24th July, 2020**. The resource persons present for this consultation were **Dr. Dipa Sinha** (Assistant Professor, School of Liberal Studies, Dr. B. R. Ambedkar University, Delhi); **Prof. Satish B. Agnihotri** Professor and Head of Centre for Technological Alternatives for Rural Areas (CTARA), IIT Bombay, **Dr. Rupal Dalal**, Associate Professor of Centre for Technological Alternatives for Rural Areas (CTARA), IIT Bombay, **Dr. Shubalakshmi Iyer**, Health and Nutrition Expert, Aarohan, Palghar, **Dr. Satish Gogulwar**, Health Professional, Health and Nutrition Expert and Director, Amhi Amchya Aarogyasathi, Gadchiroli, **Dr. Madhukar Gumble**, Health Professional and Community Health Expert and Director of Apeksha Homeo Society, Melghat **Mr. Satish Kumar**, Health and Nutrition Expert, Care India Bihar, **Ms. Bhupali Mhaskar**, Senior Programme Manager, Bajaj CSR, Pune, **Dr. Abhay Shukla**, Community Health Expert, AGCA Member, NHM and Programme Coordinator SATHI. Representatives from ICDS and Health Department **Mr. Kuldip Bhonge** (CDPO Bhor), **Mr. S. V. Chandane** (CDPO Velhe) and **Dr. Shaishikant Pawar** (THO Dharni) were also invited for this consultation.

The field facilitators and blocks coordinators of Bhor, Velhe and Dharni block from the B-CAN process participated in the session. Additionally field facilitators and blocks coordinators from the 10 tribal blocks of CAN process also participated. More than 60 field level karyakartas were connected for this consultation. SATHI team participated and coordinated the online consultation.



**Dr. Madhukar
Gumble**



**Prof. Satish
Agnihotri**



**Dr. Abhay
Shukla**



**Dr. Satish
Gugulwar**



**Dr. Shubalakshmi
Iyer**



**Satish
Kumar**



**Prof. Rupal
Dalal**



**Bhupali
Mhaskar**

Programme Schedule

Time	Session	Resource Persons
10.30 to 10.35	Welcome	Manasi Shruti
10.35 to 11.05	Presentation on Building community action for nutrition process followed by comments by Govt. officials	Presentation - Shailesh Dikhale Chairperson - Dr. Shubalakshmi Iyer Comments by - Mr. Kuldip Bhonge (CDPO Bhor) Mr. S. V. Chandane (CDPO Velhe) Dr. Shaishikant Pawar (THO Dharani)
11.05 to 11.50	Relevance of Building community action for nutrition process regarding child nutrition and inputs from experts for the process and key strategies	Chairperson - Ms. Bhupali Maskar Discussant - Dr. Deepa Sinha Prof. Rupal Dalal Dr. Shubalakshmi Iyer Dr. Satish Gugulwar Mr. Satish Kumar Dr. Madhukar Gumble
11.50 to 12.30	Discussion on key challenges emerged during COVID-19 pandemic and child nutrition	Chairperson : Dr. Abhay Shukla Discussant : Dr. Deepa Sinha Prof. Rupal Dalal Dr. Shubalakshmi Iyer Dr. Satish Gugulwar
12.30 to 12.35	Vote of Thanks	Mr. Shripad Konde



SESSION 1

**Presentation on Building
community action
for nutrition process
followed by comments
by Govt. officials**



The session started with Ms. Manasi Shrouti of SATHI giving the introduction of all the resource persons as well as the participants. She also gave a brief introduction of the program. This was followed by a presentation on the Building Community Action for Nutrition (B-CAN) process by Mr. Shailesh Dikhale of SATHI. This presentation included an overview of the malnutrition and underweight status of the children under the age of 6 years in the B-CAN area. The impact of the intervention on the malnutrition and underweight status was explained. Mr. Dikhale also gave details of the activities such as village level meetings, awareness campaigns and recipe demonstrations conducted through the B-CAN process.

A brief overview of the meeting with Dr. Chandrakant Pandav, Member, National Nutrition Council and POSHAN Abhiyaan, regarding the B-CAN process was also given.

Mr. Shailesh then briefly discussed the challenges that are arising and will be arising in the future for the intervention. This also included the challenges due to the COVID-19 pandemic, especially with respect to anthropometry and health checkups, and strategies to overcome these challenges. He also spoke about the steps to be taken in the future for improvement in nutrition like focussing on food diversity and its importance during the pandemic.

After the presentation, Dr. Shubalakshmi Iyer gave her comments and suggestions regarding the B-CAN process. She appreciated the convergence from below brought about by the B-CAN as well as the community participation as malnutrition is a multifaceted issue. She clarified this further by saying that malnutrition is not a disease but a condition and thus resolving this issue needs efforts from everyone.

Dr. Iyer also emphasised on the importance to giving referral services at the right time and also identification of the growth faltering at an early stage. She added that intervening at the growth faltering stage will be helpful in preventing morbidities and mortality. It will also prevent the child from becoming MUW, SUW, MAM or SAM.

She also appreciated the positive impact of community participation on strengthening of nutrition services and reducing malnutrition. While speaking on the challenges faced during home VDCDC she said that the administration of medicines should be done by the Anganwadi workers, ASHA workers, ANM or doctors. Asking parents to administer medicines at home is not ideal and appropriate.

Dr. Iyer highlighted another challenge regarding the consumption of food delivered to the homes of the beneficiary. This food often gets divided amongst all the family members instead of just being consumed by the beneficiaries. She expressed that dialogue on this issue should be conducted with the family members to tell them the importance of these services.

While talking about the village level committees, Dr. Iyer said that the VHNSCs are formed on paper in all the villages but many of these committees are not aware of their roles and responsibilities, they are not familiar with the GRs and do not know their budgetary allocations. She suggested that awareness regarding this should be done so that the issue of malnutrition can become an issue of the community and the Gram Panchayat and VHNSC can use their funds to resolve these issues at community level rather than just an issue at the Anganwadi level. She elaborated that the issue of malnutrition is not the responsibility of only Anganwadi worker or ASHA but of the whole community.

While summing up her session, Dr. Iyer said the issue of malnutrition also affects the GDP. Malnutrition affects the physical and mental capacities of the children and thus negatively impacts the productivity. If the productivity of the population is not optimal it will affect the overall economy. Thus tackling the issue of malnutrition is of great importance. ■





SESSION 2

Relevance of Building community action for nutrition process regarding child nutrition and inputs from experts for the process and key strategies



After the first session, the second session was handed over to Ms. Bhupali Mhaskar as Chairperson. In this session the experts present gave their inputs and suggestions as well as improvement in strategies. Dr. Dipa Sinha began the discussion by appreciating the community action done for nutrition through the B-CAN process. She emphasised on the uniqueness of the growth chart campaigns as she has never seen anything like it in any other states.

Dr. Sinha also commented that since malnutrition is a condition and not a disease, it is difficult to identify and thus conducting a dialogue and explaining this condition to the members of the community is important. She also expressed her curiosity to learn more about the systemic changes brought through B-CAN as it would be helpful in other regions as well.

While talking about issues to focus on in the future, Dr. Sinha talked about the issue of food security and dietary diversity which has become even more severe in the times of COVID-19. Ensuring food security is a big challenge. For this we may initiate community participation in strengthening the PDS services. In the next phase the convergence can be extended to the PDS and NREGA departments as well as these directly affect household food security.

Another issue highlighted by Dr. Sinha was child care. She said that majority of the times the responsibility of caring for the child is borne by the mother. However, many mothers are busy with work and may not be able to give adequate time to the child or feed the child at regular intervals. In this case a solution such as Anganwadi crèche or community day care centre should be explored. Proposals for the same should be given to the government so they could be included in the state policy as well.

Next, Prof. Satish B. Agnihotri discussed his observations and suggestions. He started with stating that even though we know that prevention is better than cure, in case of malnutrition prevention is not paid much attention to. The main cause for this is that there are not many resources available for prevention. However, the current pandemic has brought home the importance of prevention for both health and nutritional practices; thus, this is the right time to push for preventive measures for malnutrition.

Prof. Agnihotri then emphasised on the importance of tapping the growth faltering as a preventive measure. For this purpose, he mentioned that while plotting the growth chart a curve can be plotted explaining the growth faltering and on the same chart another curve should be plotted which will show growth if the faltering is prevented. The area between these two curves will indicate the efforts saved. This will educate people by showing that by preventing faltering we are saving the given amount of efforts.

Lastly, Prof. Agnihotri suggested that focus should be given on the IYCF practices, especially colostrum feeding, breast feeding and complementary feeding during 7 to 18 months. He suggested that for this purpose video tutorials have been developed called spoken tutorials which can be used which have been dubbed in various languages.

While concluding Prof. Agnihotri appealed that during breastfeeding week (first week of August), breastfeeding should be propagated indicating that if want to strengthen the immunity of the child, feed the child colostrums and practice exclusive breastfeeding till six months.

Another opportunity that he mentioned was utilising CSR funds for nutrition especially in aspirational districts. He also mentioned that Ministry of Rural Development has come up with a GR on 4th May 2020, which says individual nutri-gardens, community kitchens, etc. can be given support through NREGA. This will allow us to have dietary diversity on a large scale. He ended with saying that the spoken tutorials and the training materials developed





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by IIT Bombay can be made available.

This was followed by Dr. Rupal Dalal who shared her experiences and inputs. During her work and research, Dr. Dalal observed that the technique of breastfeeding being practiced was wrong due to which children were not gaining weight. For this purpose, Dr. Dalal and her team drafted 45 points for the appropriate breast feeding technique which were explained to the mothers during counselling sessions. Due to these points, they observed that children gaining 50 g weight every day. She also spoke about the cross-feeding method of breastfeeding which also showed great results in weight gain of children. Dr. Dalal also mentioned the spoken tutorials developed which have been used to educate doctors, nutritionists, Anganwadi workers, ASHA, etc. on breastfeeding practices.

While talking about the foods in complementary feeding, Dr. Dalal observed that the meals given to the children were low on proteins and good fats. To overcome this, Dr. Dalal and her team studied the easily available food items and educated the community members on how to optimise their nutritional values. This included adding powders of groundnuts, sesame seeds, sunflower seeds, pumpkin seeds, etc. in the diet.

Through such interventions, Dr. Dalal said that if they monitored children from early ages, they were even able to reverse stunting in many children which is extremely difficult to achieve. Their team achieved 50% reversal of stunting. She also focussed on maternal nutrition and educated mothers on the nutritional value of different foods, which led to mothers themselves trying different recipes and led to improved child nutrition. She also promoted consumption of non vegetarian food in those who consume it as it is rich source of proteins, vitamins and minerals.

Dr. Dalal concluded with saying that they have total 31 videos of the spoken tutorials which can be used for educating and spreading awareness and that she will share these for the B-CAN process. These tutorials are available on YouTube under Health Spoken Tutorials. She also shared the helpline number for Maa Aur Shishu Poshan Helpline (1800-267-778) through which nutrition, lactation, complementary feeding, etc. guidance is provided for mothers and children by doctors, nutritionists and trained professionals.

Next Dr. Shubalakshmi Iyer discussed some of her suggestions. She pointed out the differences in the culture in the tribal areas. She explained that in tribal areas live relationships are normal as a result teenage pregnancies are very common. Preventing these teenage pregnancies is a very big challenge as their bodies are not fully developed to deliver a healthy baby often leading to low birth weight babies. Furthermore, since the bodies of these girls are not fully developed they are also unable to breastfeed properly due to which the already LBW child often becomes malnourished. Thus it is important to educate not just adolescent girls but also boys. She also mentioned that in the tribal areas there is an unmet need of contraception.

Dr. Iyer also emphasized on the importance of exclusive breastfeeding. She said that monitoring should be done for how many times breastfeeding is done while also checking if the breastfeeding technique is correct. For this purpose regular dialogue and counseling needs to be done. She said that focus should be given on responsive feeding. Active feeding should be given to the child rather than passive feeding. Mother should be educated to identify the hunger cues of the child rather than feeding the child only when convenient.

Dr. Iyer also mentioned that in many tribal cultures the mothers are given only broth (Kanji) as meals for many days post delivery due to various misconceptions. This affects the milk production as well as the BMI in the mother. As a result, even if the child is healthy at birth it





SESSION 2

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may lead to the child becoming underweight by six months. Thus focus should also be given to post natal care and also growth monitoring of 0 to 6 months old children. Efforts should also be made to increase the outreach of the nutrition services.

Follow up of children belonging to migrant families is also a major issue, Dr. Iyer added. She emphasized that the PVTG communities especially face challenges in child health and nutrition services and ANC and PNC due to their frequent migration. Dr. Iyer also added that there is gender bias observed in tribal communities and awareness regarding this issue should also be done.

Dr. Satish Gogulwar then discussed another major issue which is challenges faced by the AWW and ASHA workers during the implementation of various schemes at the village level. He said that in order to bring about behavioral changes, messages have to be given to the community members repeatedly. They have to be explained how to inculcate these messages in their day to day lives. The implementation of these activities without any external intervention has been challenging.

Another issue raised by Dr. Gogulwar was that of referral services. While sharing his observations he said that many parents are reluctant to go to the NRCs as they are not aware of the services or are uncertain about staying at a government facility for 14 days. For this he shared that it is important to make people aware of the services provided at the NRC.

He also added that the tribal community should be made aware of the nutritional values of the foods available in their regions such as Mahua, millets, etc. which otherwise they do not consume due to change in their nutritional habits. This should be explained to them practically through recipe demonstrations. This should be done consistently as behavioral change takes time.

Mr. Satish Kumar then started appreciating the presentation given for the B-CAN process. He started with suggestion that more efforts should be made to involve VHNSC and utilization of its funds should be optimized for the issues of malnutrition since a lot of these funds go underutilized. He shared his experiences of utilizing these funds for anthropometric instruments as well as other Anganwadi supplies.

Mr. Kumar also mentioned that there is a nationwide campaign going on for iron supplementation. He suggested that some focus can be given in the future phase to ensure that this iron supplementation campaign is implemented for the children under six years which will be helpful in development. He then shared about his pilot project called ANANDI for adolescent girls where adolescent girls were educated on health and nutrition as well as growth monitoring.

After this Dr. Madhukar Gumble shared his experiences while working on malnutrition in Melghat area. While speaking about the B-CAN process, Dr. Gumble said that the process has been successful in introducing the concept of "*Kuposhan Mukh Gaon*" in Melghat. He shared that through the B-CAN process the people started becoming more aware of the concepts of nutrition and growth monitoring which lead to increase in the accuracy of growth monitoring process. The B-CAN process also improved the coordination between various officials and departments and different levels.

He said that due to B-CAN process community participation has improved as the facilitators use the local language for majority of dialogues and communication. His suggestion was that the successful innovation introduced through the B-CAN process should be proposed to the government so that they may be implemented on a larger scale for diverse population groups.

Ms. Bhupali Mhaskar concluded this session by thanking all the discussants for their inputs and appealing for these inputs to be incorporated in the next phase of the B-CAN process. ■





SESSION 3

Discussion on key challenges emerged during COVID-19 pandemic and child nutrition



The third session focused on the challenges arising due to the COVID-19 pandemic and the innovative strategies required to overcome these challenges.

Dr. Abhay Shukla started with discussing the innovations already being implemented in the field. He presented the innovative method of anthropometry while maintaining social distancing that is being conducted in the Bhor and Velhe blocks and other parts of the state. He also spoke about the issue of VCDC as the regular type of VCDC is not ideal in current situation. As an alternative the meals under VCDC can be provided at home or fewer children can be called to the Anganwadi for VCDC where their growth monitoring and counseling can be done and then they may be sent home. Another issue that needs to be flagged is that of EDNF, as observations from many areas indicated that EDNF is not an appropriate diet for the tribal children with many children showing side effects. Instead alternatives using local nutritious foods should be provided.

Dr. Shukla also pointed out that due to the pandemic the issue of food security has been exacerbated. Focus should be given to resolve this issue and ensure that people, especially children and mothers, are receiving adequate and diverse diet. This is essential as a preventive measure to tackle malnutrition. Efforts should be made to prevent growth faltering rather than waiting for the growth faltered child to become underweight or malnourished. For this the tribal community should be made aware of optimal utilization of the available resources for their food security so that their dependency on outside resources can also be reduced. Dr. Shukla suggested that the major recommendations listed through this discussion should also be shared with the ICDS and Health Department.

Dr. Gohulwar added to the discussion by saying that schemes such as Amrut Ahaar Yojana have been extremely helpful in the tribal areas. In areas such as Gadchiroli dry ration was provided through this scheme which has benefitted the pregnant and lactating mothers and children. However, due to this the food gets shared by the entire family rather than being consumed by just the beneficiaries as this has resulted in increase in malnutrition in children in this area. Mrs. Shubhada Deshmukh shared that the coordination between ICDS and Health Department needs to be strengthened.

Mr. Ashok Jangle said that the government needs to pay more attention to the fact that due to the pandemic the prevalence of malnutrition in children is increasing. He also appealed that the Tribal Development Department should restart the Khauti Yojana which gives funds to the tribal communities for ration for 3 months. To this Dr. Gogulwar responded by saying that the government is planning to restart this scheme but they are considering whether to transfer the entire amount directly or to provide half funds and half ration.

Dr. Dipa Sinha added that providing the data for increase in malnutrition will reflect the situation on the ground. Presenting this data will be important to bring into focus issues such as growth monitoring, supplementary nutrition, mid-day meals, etc. She also suggested that the children with uncomplicated SAM should be given extra spoon full of oil in the khichdi, locally prepared nutritious powders using ragi, wheat, dal, etc., frequently and in small quantities to improve their nutritious status. Once these children showed improvement in appetite, eggs should also be given.

Mrs. Ranjana Kanhere commented that the MNREGA should be given more focus as it can guarantee year round employment. She also said that a proposal should be given to the





government to link this MNREGA to the cultivation of Raan Bhaaji which will address the issue of employment as well as food diversity. She further added that due to the pandemic, Anganwadis are instructing parents to conduct pre-primary education at home but the parents are unable to manage this with their work. Efforts should be made to stop this practice.

Mr. Shailesh concluded the session by thanking all the resource persons for their inputs and the participants for their participation. He said that the next phase of the B-CAN process will incorporate all the major points discussed during this consultation. He ended by expressing his gratitude to Bajaj CSR for providing the opportunity to conduct this consultation. ■



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Design: SwapnaDeep Creatives, Pune