POLICY BRIEF

Engaging Gram Panchayats on Nutrition: POSHAN Abhiyaan
INTRODUCTION

Banjari is a sleepy village on the banks of the Sone river in the Rohtas district of Bihar. In the wake of the economic crisis due to Covid, it was difficult for poor families to ensure nutrition for new mothers and children. When Rasulan Bibi, a Panchayat member here, saw this, she stepped up and mobilized funds from the community to arrange food and basic necessities. Leading by example, she also set up a kitchen garden with fruit trees and local vegetables, encouraging women in her village to take responsibility for their family’s nutrition security.

Nine other women Panchayat Representatives of Banjari worked tirelessly to ensure nutrition for their community by coordinating with health workers, setting up community kitchens and providing food support through the Public Distribution System during Covid. Ward Member Phulwanti Devi even convinced the Rohtas district administration to open an Anganwadi Centre in her ward, which is quite an achievement.

These grassroots leaders have been mentored under the Champions’ programme of the Centre for Catalyzing Change (C3). This policy brief showcases the huge potential of the Panchayat platform to address the challenge of low nutrition in villages through outreach and awareness activities like celebrating “Rashtriya Poshan Maah and Poshan Pakhwada” a Central Government programme under the “Poshan Abhiyaan.”
POSHPAN ABHIYAAN

Nutritional deficiency leads to complications that on one side of the spectrum include wasting, stunting, anemic and underweight women and children, and on the other obesity, vitamin and mineral deficiency, and diet-related non-communicable diseases. Aggravated by poverty, malnutrition creates an intergenerational cycle, passing on from mother to child and further. To improve the nutritional status of children from 0-6 years, adolescents, pregnant and lactating mothers, Prime Minister’s Overarching Scheme for Holistic Nutrition (POSHAN) Abhiyaan was launched in March 2018. The goal is to make India malnutrition-free by 2022. The Ministry of Women and Child Welfare, the nodal ministry in charge of the Abhiyaan, celebrates ‘Poshan Maah’ in the month of September and ‘Poshan Pakhwada’ in March.
CONTEXT OF BIHAR

The high prevalence of malnutrition is a significant bottleneck towards the economic prosperity of Bihar— at Rs 46,664, it has the lowest per capita income in India. With a population of 104 million people, Bihar is the third most populous state of India with almost half its population (47 million) being children. Even though the state has improved on nutrition parameters as per the latest National Family Health Survey (NFHS-V) held in 2019-20 as compared to NFHS-IV (see Table 1), the cases of stunting in children is still 10% higher than the national average.

### Table 1: Comparison of Nutritional Parameters of Children during NFHS IV & V

<table>
<thead>
<tr>
<th>KEY INDICATORS</th>
<th>NFHS - IV</th>
<th>NFHS - V</th>
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<tbody>
<tr>
<td>Stuntedness in Children</td>
<td>48.3%</td>
<td>42.9%</td>
</tr>
<tr>
<td>Underweight Children</td>
<td>43.9%</td>
<td>41%</td>
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<tr>
<td>Neonatal Mortality Rate</td>
<td>46.8%</td>
<td>36.7%</td>
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<tr>
<td>Infant Mortality Rate</td>
<td>58.1%</td>
<td>34.5%</td>
</tr>
<tr>
<td>Under 5 Mortality Rate</td>
<td>56.4%</td>
<td>48.1%</td>
</tr>
<tr>
<td>Vaccination in 12-23 months old</td>
<td>77.1%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Exclusive breastfeeding under 6 months old</td>
<td>53.4%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Complimentary feeding for babies (6-8 months old)</td>
<td>30.8%</td>
<td>39%</td>
</tr>
<tr>
<td>Adequate diet for babies (6-23 months)</td>
<td>7.5%</td>
<td>10.9%</td>
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For pregnant and lactating mothers too, the NFHS data shows improvement from last year (see Table 2). But the limited gains suggest that a lot more needs to be done before a significant population has overcome malnutrition. Many State and Central Government schemes like the ICDS, Swabhimaan programme, Rashtriya Bal Suraksha Karyakram, Janani Suraksha Yojana, Pradhanmantri Matri Vandana Yojana, Poorak Poshahar Yojana, the IFA (Iron and Folic acid) supplementation programme and the Poshan Abhiyaan are operational in the state. For effective implementation, however, local support and synergy between the Health department and Panchayats is essential.

### Table 2 Comparison of Women Health Status in Bihar over NFHS IV & V

<table>
<thead>
<tr>
<th>Key Indicators</th>
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<th>NFHS - V</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antenatal Check-up (ANC) in 1st Trimester</td>
<td>34.6%</td>
<td>52.9%</td>
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<tr>
<td>Mothers who had at least 4 ANC visits</td>
<td>14.4%</td>
<td>25.2%</td>
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<tr>
<td>IFA Consumption for 180 days during pregnancy</td>
<td>2.3%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Women who received Post Natal Care from health personnel</td>
<td>42.3%</td>
<td>57.3%</td>
</tr>
<tr>
<td>Institutional Delivery</td>
<td>63.8%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Delivery in Public Facility</td>
<td>47.6%</td>
<td>56.9%</td>
</tr>
<tr>
<td>Women with below normal BMI</td>
<td>30.4%</td>
<td>25.6%</td>
</tr>
</tbody>
</table>
THE CHAMPION'S INTERVENTION

The Champions Programme intervention of C3 has been designed to address this synergy and local support on the part of the EWRs. The intervention is currently operational in 286 Gram Panchayats of 20 blocks in the 8 districts of Patna, Sheikhpura, East Champaran, Nalanda, Nawada, Rohtas, Madhubani, and Muzaffarpur. 1631 EWRs are benefitting from this program.

The aim of the Champions’ program is to build the capacity of Elected Women Representatives (EWRs) of Gram Panchayats through:

- Training on the PRI structure, communication skills, digital literacy, nutrition, and public health.
- Support concrete, evidence-based action through schemes like the Integrated Child Development Services (ICDS) and in the sphere of Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH).
- Mentoring and handholding through Champion Sabhas where members from 3-4 panchayats come together as informal collectives.

The training has helped the Champions identify gaps that hinder the nutrition services to their community—particularly anemia, breastfeeding, complimentary foods, maternal health, cleanliness and hygiene. A clear knowledge of services under the Poshan Abhiyaan and other health schemes helps them monitor their implementation and chart the way forward accordingly in convergence with providers from the relevant departments/ICDS.
CELEBRATION OF POSHAN MAAH 2020

With an objective to create Jan Bhagidari—grass root level awareness and behavioral change on nutrition for women and children, the National Council on India’s Nutrition Challenges decided to celebrate the month of September as Rashtriya Poshan Maah. In 2020, the celebration of the 3rd Poshan Maah began on a difficult note primarily due to the Covid situation but the Champions took it in their stride and 978 leaders organized 802 events, impacting more than 11,500 people in the community. The focus of Poshan Maah 2020 was to set up Poshan Vatikas (Kitchen Gardens) and Identifying Severely Acute Malnourished (SAM) Children and helping them. The Champions organized activities like ‘Prabhat Pheris’, Poshan Mela, Anaemia Screening Camps, Distribution of IFA tablets, Monitoring growth and milestones in Children, Ensuring ASHA and Anganwadi Workers’ Home Visits to New-Born Babies, Marking Annaprashan Divas, Arogya Diwas and God Bharai Diwas, Signature Campaigns and Poshan Chaupal.

560 government officials including DMs, BDOs, and frontline workers participated in these events besides Zila Pramukh, MLAs, and MPs. The Champions’ work was recognized by the NITI Aayog who shared four posts of the events on their social media handles. Their efforts to tackle the lockdown situation were also published in the ‘Good Practices during Pandemic’ document of the Ministry of Health and Family Welfare. The District and block-level ICDS and Health Department also appreciated the work.
15 DAYS FOR NUTRITION

The key focus of the “Poshan Pakhwada” this year was food forestry and Poshan Panchayats. 263 Champions from 123 Panchayats participated in the Pakhwada. 300 Community-Based Events were organized, touching the lives of 4261 community members. 347 Government Officials and frontline workers also participated. More than 300 Poshan Vatikas were planted during the Pakhwada this year. The champions went the extra mile and planted fruit trees on community land, in school premises, block office, AWC, and HSCs. They also liaised with Krishi Vigyan Kendras to procure seeds for distribution in the community.

PoshanPanchayats were organized to discuss “Poshan Ke Paanch Sutra.” Issues like the infrastructure status of Anganwadis and the link between gender and nutrition were taken up besides access to nutrition services like IFA supplements, take-home rations, immunization, and how to coordinate for them with AWC, HSC, and PHC.

Women Panchayat Representatives participated in Poshan Paramarsh Kendras set up by the District & Block level ICDS and displayed information on various food groups, IEC on Poshan, and counseled community members besides sharing their own groundwork on nutrition with the officials.

Covid 19 led to a shutdown of AWCs, thereby stopping midday meals, an important source of nutrition for SAM children. They undertook a door-to-door mapping of such children and arranged food grains and vegetables for them with the community’s help.

The leaders of Muzaffarpur and East Champaran organized meetings to discuss the link between under-nutrition and Acute Encephalitis Syndrome (AES) commonly known as ‘Chamki Bukhar.’ They also designed “Poshan Pratigya” (Pledge Sheets) for the families of pregnant and lactating mothers in order to nudge them to take care of the mother and child’s health and hygiene.

Besides these, activities like Annaprashna and God Bharai Divas, Cycle Rallies, Power Walks, Meetings with mothers and adolescent girls, Home visits to lactating mothers, Distribution of IFA tablets, Poshan Rangoli, Mehndi, and Painting competitions were also organized. The festival of Holi, falling during the Pakhwada was celebrated as “Poshan ka Tyohar” by focusing on the significance of colorful diet.
THE WAY FORWARD

Although women Panchayat Representatives have diligently spread the messages of Poshan Abhiyaan for three years now, there still needs to be a formal integration among Panchayats, ICDS, and the Health Department for effective on-ground implementation of government schemes on health and nutrition. Since Panchayat representatives have direct access to their community and are aware of ground realities, they can route the benefits under these schemes to the most disadvantaged people.

Mission Poshan 2.0, launched in February 2021, merged four schemes related to child health, the ICDS, Poshan Abhiyaan, Scheme for Adolescent Girls, and National Creche Scheme. By including health and nutrition in the Gram Panchayat Development Plan and allocating more financial and implementation powers to Panchayats, the deliverables from Poshan 2.0 can be achieved in an effective time-bound manner. In the post-covid scenario when closure of ICDS services has severely affected the nutrition profile in rural areas, local institutions like Panchayats are pivotal to the delivery of government programs and accelerate the rebuilding process.
ABOUT CENTRE FOR CATALYZING CHANGE

Centre for Catalyzing Change (C3) started work in India in 1987 and works in the five states of Bihar, Jharkhand, Chattisgarh, Odisha and Gujarat. The organization works to mobilize, equip, educate and empower girls and women to meet their full potential. The four core areas of C3’s work are gender equity and governance, girls’ education and development, reproductive health and rights and small grants. They partner with communities, EWRs, Self Help Groups (SHG) and others to strengthen women’s political participation.

Many states in India have reserved 50% of its Panchayati Raj Institutions (PRI) seats for women. However, newly elected women representatives face challenges such as lack of information and experience. Gender discrimination, low literacy levels, restricted mobility, and domestic responsibilities act as additional barriers. C3 mentors EWRs and trains them to take the lead in handling structural problems that encourage gender inequalities and become barriers in access to quality healthcare, education, and work opportunities.

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