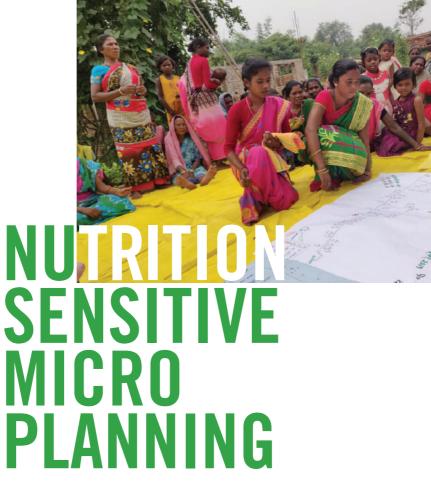


For a world without hunger



A FACILITATOR'S GUIDE



NUTRITION SENSITIVE MICRO PLANNING A FACILITATOR'S GUIDE

Imprint

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Community Based Nutrition Sensitive Microplanning is a toolkit for bare-foot planners and local government: This toolkit also can be divided into 3 sections

- a) Understanding the objective of the tool kit/manual, understanding Nutrition Sensitive Micro Planning, understanding malnutrition and the causes/drivers of malnutrition.
- b) The steps on preparation of the nutrition sensitive micro-plan, which includes a household level plan and different village level plans.
- c) The third section involves the post submission follow-up and details on the available government budgets under different schemes which may be applicable to the plans.

Malnutrition has many forms of manifestations and arises out of food scarcity, poor access to health and nutrition schemes and services, a lack of safe drinking water and sanitation facilities, low income levels, low agriculture production and productivity, missing irrigation facilities, no food availability from commons and shrinking biodiversity.

Yet, most often, community plans at the village level focus on infrastructure development. This limits the possibility to develop a causal relationship with the change scenario and outcomes of the community planning exercises and similar other initiatives. Undernutrition is the most direct and obvious indicator of poverty.

Taking this indicator into consideration to include disadvantaged families in the community planning process has led to positive experiences.

Not being sufficiently inclusive and participatory in most of the village level planning processes, the poorest and the marginalised households are isolated from the schemes and entitlements. The focus on control of malnutrition is also often missing in such planning.

NSCP envisages to pay fair attention to the needs of families facing malnutrition for their rehabilitation as well as for developing the village commons as productive source under government schemes for improved local availability of food source and nutrition uptake for the entire village.

ABOUT PROJECT

This Nutrition Sensitive Community Planning guidebook is published as part of the BMZ and Welthungerhilfe supported projects titled "Multi-stakeholder initiative towards Integration of Nutrition, Agriculture and WASH interventions for Improved Food and Nutrition Security in the Backward Districts of Jharkhand, India" and "Regional programme for promoting a multisectoral approach for Nutrition Smart Villages in Bangladesh, Nepal and India". These projects are being implemented in three districts of Jharkhand & two districts of Madhya Pradesh in India, 2 Rural Municipalities in Nepal and two Districts in Bangladesh.

Nutrition security is closely associated with resource planning at individual family level so that communities can maximize the available resources for food production, safe water, sanitation and income. Linkage with Government development and employment schemes through village assembly planning helps realization of the village plans.

This guidebook will help the partner organizations, facilitators, other CSOs and Government Departments to adopt improved practices for participatory planning and implementation of village level micro plans in the state. The guidebook follows a simple version, especially for the barefoot micro plan facilitators at the community level.

The guidebook has been conceptualised by Avibyakti foundation with contribution from all partner organizations. Special thanks to Sweta Banerjee (WHH), Rajesh Jha- Team CWS, Subhankar Chatterjee-Team PRAVAH & team AVF for their contribution in developing the guide.

The 73rd Constitutional Amendment of India has accelerated the power of decentralization with greater devolution of powers to the local governance bodies at the village level, the Panchayti Raj Institutions. ₹ 200,292 crores have been allotted to village bodies or Gram Panchayats for providing basic services to people in their area within a period of Five years between 2015-2020, as per the Fourteenth Finance Commission recommendation. This is over three times the amount allotted to the Panchayati Raj Institutions by the Thirteenth Finance Commission.

"Greater the power of the panchayat, the better for the people"

- Mahatma Gandhi

-OREWORD

As per the plan, Gram Panchayats are mandated to prepare Gram Panchayat Development Plans (GPDP) for their own development and to achieve economic and social justice for their constituents. The GPDP planning process must be comprehensive and participatory that involves convergence with all central and state government scheme related to 29 subjects listed in the 11th Schedule of the Constitution of India. Around 2.4 lakhs of GPDPs were prepared across the country in 2016-17 and 2017-18. Despite a well thought planning process, the ground level scenario has not changed much apart from a slew of infrastructure projects to showcase development. Exclusion remains a major gap GPDP has failed to address. Many districts across the country still struggle with the issue of food and nutrition security, children are malnourished and mothers are anaemic despite an array of government schemes and programmes.

Welthungerhilfe and its partner organizations, CWS (do we just say CWS or is there a fuller form) and Abhivyakti Foundation, followed a strategy of developing Nutrition Sensitive Community Planning (NSCP). This participatory planning process includes malnutrition of children as an indicator of social exclusion and that bridges the

gap between the problem and solution with the aim of ending hunger and poverty. It has been designed to supplement and complement Government of India's ambitious flagship programs like MGNREGA and NRLM. This process initiates planning at the household level which is further consolidated with the village Community planning process. The most marginalized families need get addressed on a priority basis. This happens in consensus with the Gram Sabhas or Panchayat Sabhas.

This guide has been designed for the community level facilitators, members of CBOs and CSOs and international organizations with the conviction that this planning process can address the concerns of most marginalized people. This manual is a guiding document for field practitioner with step by step planning processes. Nutrition Sensitive Community Planning can be part for the GPDP with special focus on convergence addressing malnutrition, sanitation, health, livelihood, education, agriculture and economic development. If the planning process followed and executed properly, then NSCP can be prove to be a game changer in areas with high incidences of malnutrition. Currently the NSCP is being developed in three South Asian countries – Bangladesh, India and Nepal.

Sasmita Jena WELTHUNGERHILFE Ranchi

Krishna Kant ABHIVYAKTI FOUNDATION Giridih



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ABBREVIATIONS

CSO - Civil Society Organization

CBO - Community Based Organization

GPDP - Gram Panchayat Development Plan

HH - Household

MGNREGA - Mahatma Gandhi National Rural Employment Guarantee Act.

Lilipioyillelli duarantee Act

NSNP - Nutrition Sensitive Community Plan

NFHS - National Family Wealth Survey

SECC - Socio Economic Caste Census

NRLM - National Rural Livelihood Mission

WASH - Water, Sanitation and Hygiene

MTC - Malnutrition Treatment Centre

ANM - Auxiliary Nurse Midwife

AWW - Anganwadi Workers

MUAC - Mid Upper Art Circumference

IYCF - Infant and Young Child Feeding

CHAPTER O

ABOUT THE MANUAL

The guide for NSCP was conceptualized to address the growing need of bringing nutrition agenda at the centre of planning to make the village level development process more inclusive. Malnutrition is the most visible (and an accurate) indicator of poverty. Yet, it is not included in the Socio-Economic Caste Census (SECC) criteria for selection of beneficiaries at present.

It is often seen, that the planning process at village level focuses on infrastructure development, land and water management, and irrigation facilities. These activities, though necessary, should not be considered in isolation. The planning process should also focus on key human development outcomes such as improved income, health and nutrition levels in the village.

Also the current community planning practices at community level sometimes overlook other important elements such as nutrition, gender empowerment, environmental sustainability and biodiversity. NSCP integrates the 'nutrition factor' in all possible development planning at the grassroots level. For example, during the planning process of agriculture land, "nutrition requirements" can be addressed, along with "income requirements", or crop diversity can be promoted instead of mono cropping. In Jharkhand, nine out of every 10 c hildren within the age-group of 6–23 months do

not get adequate diet. NFHS-4 (2015-16) reveals that nearly 48 per cent of the state's children (which amounts to almost half of born children) under the age of five are underweight, and 69.9 per cent of the children between 6-59 months are anaemic. 31.5 per cent of the women between 15- 49 years are malnourished. In almost all other health and nutrition standards as well, the status of Jharkhand is critically low compared to the national average. It is urgent to recognize the problem and adequately address the issue by related state and non-state actors.

In 2018, the Government of India launched the Rashtriya Poshan Abhiyan (National Nutrition Mission) – an overarching campaign for holistic nourishment and Jharkhand plays a very important role in this campaign. In this context, the need of a social planning tool which takes nutrition into consideration was felt at the time of planning and this led to the conceptualizing of the NSCP guide.

The present guide is based on field experiences under the "Fight Hunger First Initiative Project" where two of the villages were brought to zero malnutrition using this tool. This guide provides a holistic approach to the village level community planning facilitators for effective nutrition sensitive grassroots planning of resources and services.



Users of the Guide:

The guide can be used by civil society organizations, trainers, facilitators, Panchayti Raj members, and frontline workers. It helps them to facilitate village level community planning processes with high focus on food and nutrition security agenda.

Purpose of this guide (Why NSCP):

The purpose of the guide is to facilitate an inclusive and participatory planning process at the level of the community to cover all genuine beneficiaries from socially excluded groups. Most village planning processes do not adequately address exclusion factors, due to which genuine families with malnourished children or women do not link to the government services.

Community plans at the village level primarily focus on infrastructure development. This limits the possibility to develop a causal relationship with the change scenario and outcomes of the community planning exercise under the GPDP and other initiatives. Under-nutrition is the most direct and obvious indicator of poverty. Taking this indicator into consideration to include disadvantaged families in the community planning process has led to positive

experiences. Malnutrition has many forms of manifestations and arises out of food scarcity, poor access to health and nutrition schemes and services, a lack of safe drinking water and sanitation facilities, low income levels, low agriculture production and productivity, missing irrigation facilities, no food availability from commons and shrinking biodiversity. Not being sufficiently inclusive and participatory in most of the village level planning processes, such households are isolated from the schemes and entitlements. The focus on control of malnutrition is also often missing in such planning. NSCP envisages to pay fair attention to the needs of families facing malnutrition for their rehabilitation as well as for developing the village commons as productive source under MGNREGA and other flagship schemes for improved local availability of food source and nutrition uptake for the entire village.

Points of discussion



- Share your experiences about the community planning process.
- Do you know how to identify malnourished families?
- How far is it inclusive? Does it cover all the malnourished families?
- Do we need to include all malnourished families in a village Community planning process? If yes, why?

O2

NUTRITION SENSITIVE COMMUNITY PLANNING

What is Community planning:

Community planning is an inclusive development planning process in which approaches like participatory rural appraisal (PRA) are used to incorporate the knowledge and opinion of rural people in the planning and management of physical, social, economic and human resources.

What is Nutrition Sensitive Community Planning (NSCP):

NSCP is a holistic Community planning tool which includes direct or indirect factors regarding malnutrition such as an adequate focus on soil and water conservation, designing nutrition-sensitive agriculture, development of commons, irrigation facilities, food forests, WASH, functioning of and access to primary health care and nutrition services in a self-help approach. It goes beyond the

community planning at macro level to the household planning at Community level. It helps the affected families from vulnerable households in general and households with malnourished children and women in particular to have equitable access to government schemes and services for livelihood and malnutrition correction.

Besides, the NSCP process also supports communities to develop their own production system with optimum use of the available eco-system resources for an adequate dietary diversity generating from their fields, farms and commons.

A Brief overview of the process steps of NSCP:

NSCP involves a series of steps to achieve a village with zero malnutrition.



- The process starts with a village level assessment and the identification of families with malnourished children and women in the productive age group. Special attention is paid to children with severe acute malnutrition. Pregnant and lactating women with severe anaemia and a low BMI are usually identified at Village Health Sanitation and Nutrition Day (VHND) and can be included among the priority households in the village planning process.
- Following the identification of malnourished children and women, immediate planning started with the affected families, health and nutrition service providers (e.g. ANM, AWW, and PoshanSakhi) at village level, and key persons of the village including the PRI leaders.

- Afterwards, the children identified with severe malnutrition and complications are referred to malnutrition treatment centers (MTC). The referral criteria for MTC are as follows –
 - Wasting status of the child equal to or < 3SD
 - Bipedal Oedema
 - MUAC < 115 mm

Recently the MUAC measurement has been discontinued in our health system after the directives of Department of Health, Govt. of India. However, this is still in use in some of the service delivery system.

The planning of nutrition camps at village level can also be taken up for a community-based rehabilitation of moderately malnourished children. The community nutrition camps continue for 15 days and are structured in daily

STEPS TO FOLLOW IN THE NSCP

Village level screening of all malnourished children between 6 to 59 months and pregnant and lactating women.

Immediate intervention:

- Referral of children with severe acute malnutrition (SAM) to Malnutrition Treatment Centre (MTCs) and severe anaeimic women for advance medical care.
- Planning of nutrition camps for rest of the malnourished children identified through screening.

Strategic Intervention:

- Village level mapping (social mapping and transect walks) to understand the underlying causes of malnutrition
- Household level planning with priority households having malnourished children.
- Village level resource mapping
- Preparation of Nutrition Sensitive Communityplanning village Community plans
- Inclusion of the priority households communicty

learning sessions for a positive deviance with nutrition dense feeding practices for children and by encouraging the use of nutrimix at household level. During the camp, their weight would increase between 300 and 700 grams. Their growth is further monitored through periodic home visits.

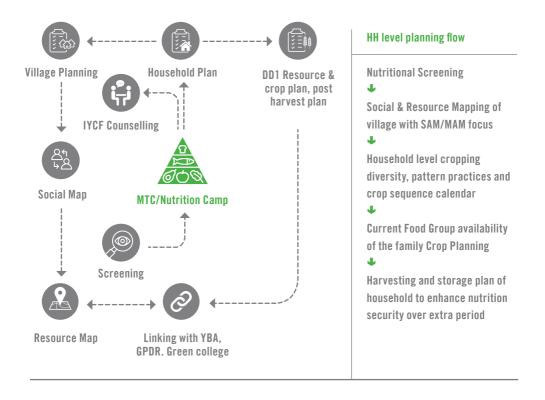
- As the immediate issues are resolved, the process now focuses on village level mapping of the underlying causes of malnutrition. For this purpose, a transect walk is conducted and after direct observations the social maps are prepared with the community.
- The household planning includes the collection of nutrition related data of child and woman, mapping out the nutrition availability of the household regarding their own production across

food group availability and seasonality. Based on the identified challenges, resources and potentials, the facilitator helps the household to develop a homebased intervention plan. Nutritional habits, hygiene, food fads, immunization and more are also considered in this process.

The village level resource mapping includes land use, sanitation planning, issues related to access to health and food and nutrition services. Then, potential interventions are planned by the community.

During the preparation of the village Community plans, sectoral issues are taken up in a work plan and the priority households are included to make the process inclusive and nutrition specific. The Community plan is presented in the

FLOW CHART OF PLANNING PROCESS WITH THE IDENTIFIED SAM/MAM FAMILY



Gram Sabha where it is discussed and finalized with inputs and amendments if they are required.

Nutrition Sensitive Community Planning for community- based malnutrition rehabilitation

Community Planning at the grassroot level through community participation leads to the installation of community-based rehabilitation mechanisms to address the malnutrition issue in the village and community. Considering the social and economic backwardness of the rural poor, communitybased approaches work at its best when they deal with issues like

malnutrition. There are several factors contributing to the creation of this condition. Thus, the rehabilitation solution has to be comprehensive on illustrated through the following steps:

- Identification of malnourished children (below the age of six) and women in the community through community-based approaches (NSCP)
- Determining the severity of the malnourishment distinguish between children with severe acute malnutrition (SAM) and moderate acute malnutrition(MAM)



- Including the excluded in the NSCP and ensuring an appropriate planning of resources and schemes for them
- Planning of a nutrition sensitive agriculture and the utilization of forest and local resources
- Linking them with appropriate government plans and programs like MTC and nutrition camps

- Improvement of service delivery at existing programs like ICDS, home visit by ANM and ASHA
- Pre and post-natal care of pregnant women and lactating women
- Improved sanitation in and around the village
- Behavioural change related to health and personal hygiene and food habits



Points of discussion

- Share your understanding on different community-based malnutrition rehabilitation options.
- Why should NSCP focus on community-based approaches for malnutrition rehabilitation?

CHAPTER 03

UNDERSTANDING MALNUTRITION AND UNDERLYING CAUSES

Malnutrition is not a disease but a condition of an individual which arises due to deficiency of one or more nutrients in the diet over a period of time. It must be mentioned that poor sanitation, hygiene and water supply conditions have a direct impact on infectious diseases that are responsible for immune suppression and infections and thus aggravate malnutrition. Malnutrition can affect any person at any time in his/her life. But vulnerability occurs especially during childhood, adolescence, pregnancy and/or breastfeeding period, because these are the stages of life when the body requires more nutrients for growth and development.

Under-nutrition is a state in which the body does not get enough nutrients hecause of:

- Insufficient food
- Consumption of inappropriate food(s)
- Poor metabolism

The three common types of malnutrition or growth failure of children are: Wasted: Too thin for his/her height.

Wasted: Too thin for his/her height.

Inadequate nutrition that is of sudden and short-term onset (from food inadequacy or

episodes of illness), leads to rapid weight loss or the failure to gain weight normally. The body's immunity towards infections is reduced and could lead to an increased mortality rate.

Stunted: Too short for his/her age.

This situation happens when inadequate nutrition over a long period of time leads to failure of linear growth (inability to grow in height in accordance to age). Stunting starts before birth and is caused by poor







Wasted Child

Weight to height ratio of both children of same age is different







Underweight Child



Normal Child

Height of both children of same age is different

Weight of both children of same age is different

maternal nutrition, poor feeding practices, poor food quality as well as frequent infections which can slow down growth.

Underweight: low weight for his/her age.

If a child also shows oedemas (swellings) on both legs, the condition could be serious and will need immediate medical attention. An oedema is a swelling where the skin after pressing does not come back to the normal condition easily.

Other signs of malnutrition are anaemia, night blindness, osteoporosis, scurvy, beriberi, goiter and more which are caused by a deficit of Community nutrients in the body.

Understanding sustainable food and nutritional security (availability, accessibility, utilization and stability):
UN System Standing Committee on

Nutrition (UNSCN) says that food security exists when all people, always, have physical, social and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. In other words, food security refers to available and affordable nutritious and healthy food for people in a sustainable way to meet their dietary needs and food preferences for a healthy and active life.

Availability

Food availability relates to the sustainable supply of food through production, distribution, and exchange. Sustainable availability of quality food must be ensured either through its production or cultivation but it must not be the only option. Food consumers outnumber the amount of producers in every country or region so food must be distributed to different regions or nations. Food distribution involves the

storage, processing, transport, packaging, and marketing of food. Apart from production and distribution, exchange is also an option of food availability. Households, regions and nations with poor food availability can always acquire it from the food surplus households, regions and nations through bartering, exchange, or cash.

Accessibility:

Food accessibility refers to the affordability and allocation of food, as well as the preferences of individuals and households. This is governed by both, both physical and social access and access to markets besides gender biases, myths, taboos, etc. Poverty (lack of cash or resources) is often a major reason responsible for the inability of getting food. Households cannot afford to purchase food to the prevailing prices or fail to grow their own food on its land respectively because of low incomes or insufficient land to produce food. Apart from this, the accessibility to the government programmes related to food and nutritional security like PDS.

Use and Utilization:

food accessibility.

Use and utilisation of food refers to the household level and considers the adequate composition of diets and preparation of healthy meals, aspects of food processing and conservation. Diet diversity, nutritional "literacy" and behaviour change, in terms of adopting appropriate dietary practices, play a major role.

ICDS and more are also vital to ensure

This also refers to the process of food contributing to the energy supply and growth inside the body (metabolism), or in other words, converting food into energy. When food is consumed by a healthy person, many biological and physiological processes take place inside the body that convert food into energy and muscles. The preparation, processing and cooking of food and food preferences affect utilization. For example, overcooking and boiling destroys the nutritional value of the food. The longer the food is cooked, and the higher the temperature, and, the greater is the nutrient destruction. Even chopping the food can begin to erode

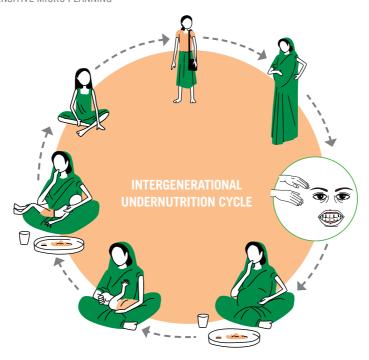
The pillars of food & nutrition security are availability, access, use & utilization and stability of food sources

some of the nutrients. Healthcare facilities and access to them are also determinants of food utilization.

It also refers to processed that affect the absorption and utilisation of food. For example, infections and intestinal worms affect the utilization of the nutrients from it, thus decreasing food utilization. Sanitation can also decrease the occurrence and spread of diseases that can affect food utilization.

Stability:

Stability refers to the ability to obtain



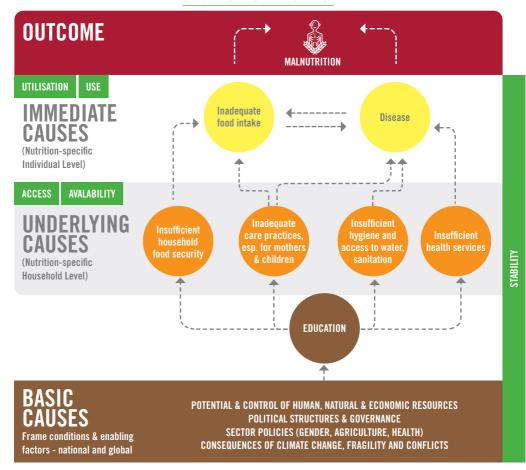
enough nutritional food round the year. Instability in food supply could be transitory, seasonal, or chronic. When food is not available during a certain period because of reasons like crop failure, natural disaster and more, it is called transitory food insecurity. Seasonal food insecurity occurs when food is not available during a particular season and it becomes a regular pattern. In case of chronic food insecurity, households are constantly unable to acquire enough, and/ or, the quality of the food for consumption is inferior. Transitory and chronic food insecurity are linked – repeated occurrence of transitory food insecurity leads to chronic food insecurity.

Sustainable food and nutrition security (SFNS) can only be achieved when all four dimensions are fulfilled simultaneously. In the absence of SFNS and in the event of the situation at national, household or individual level, in one or more of these

dimensions, is not being covered adequately, food and nutrition insecurity may eventually occur, leading to symptoms of malnutrition, especially the vulnerable. However, these well-defined dimensions of the food and nutrition security concept must be viewed in a dynamic context. Food and nutrition insecurity often affects the resilience of poor people or countries during abrupt external shocks. Besides the importance of the ecological context for SFNS, the political dimensions (e.g. social exclusion and marginalisation) also play a crucial role and should be taken into account.

The vicious cycle of Malnutrition:

Malnutrition is often related to poorquality food, insufficient food intake, and severe and repeated infectious diseases, or frequently some combinations of all the three. It forms an intergenerational vicious cycle and the effects pass from one generation to another. A malnourished female child and teen becomes a future



malnourished pregnant and nursing woman who gives birth to a malnourished child and the vicious cycle goes on. Different factors of malnutrition affect human bodies in different stages of life cycle and aggravate the problem further. For example, absence or deficiency

of nutritious food in the pregnant or breastfeeding stage lead to a malnourished child. The problem further aggravates when factors such as poor sanitation and hygiene conditions come into play because infectious diseases suppress the immune system and infections occur.



Points of discussion

- Share your understanding of malnutrition and types of malnutrition for children and women.
- Discuss what are the causes of malnutrition.

O4

MALNUTRITION ASSESSMENT REFERRAL AND REHABILITATION

How to identify households with malnourished women and children?

identify households of malnourished children. First hand reference of the ICDS data and consulting ASHA can be handy to start the work. Local health and nutrition workers like ANM, ICDS workers, Sahiya (ASHA) and PoshanSakhi (Nutrition Counsellor) can play an important role in the identification of the malnourished children and of the respective households. Different anthropometric measurement techniques are used to identify malnourished children. (A regular growth monitoring at ICDS level and the maintenance of records also contributes to identify these children.)

Scopes to identify malnourished children:

- Village health and nutrition day/Health clinics
- Home visit
- Immunization sessions

During the process of social mapping, an impression of the hygiene and sanitation situation of a particular hamlet or area can also be obtained which may give a lead to households having malnourished children.

Anthropometric measurements:

The malnutrition assessment in the village will be done by AWW(s), ASHA and volunteers in coordination with the village committees (VHSNC) and elected members.

Measuring acute malnutrition of children between 6-59 months and 15 – 45 year-old women (optional):

The basic information and body measurements needed to assess acute malnutrition of children between 6-59 months are:

- Age
- Sex



- Weight
- · Height or length
- Clinical signs of visible wasting and bilateral oedema

Methods of anthropometric measurement: -

- Weight for height
- Weight for age
- Height for age

Referral to MTC and nutritional camps:

Once the SAM and MAM children (6-59 months) are identified and their details are recorded; SAM children (red category) must be referred to the nearest Malnutrition Treatment Centres (MTCs) for their immediate treatment. In Jharkhand, MTCs were established to provide care to children with Severe Acute Malnutrition (SAM). MTCs provide immediate care to

BMI (FOR ADULTS) RECORDING THE FINDINGS IN AN APPROPRIATE FORMAT

Household No. (plot in social map also)	Name of the head of the household	Name of the malnourished child	SAM/ MAM	Name of the pregnant/ lactating woman	ВМІ	Remarks

FACILITATORS NOTE

- Identify households with malnourished children and women and try to understand the cause, economic, social, cultural, behavioural or related with accessibility and more.
- Application of Anthropometric measure-

ments with utmost care and by the trained person.

- Recording of data and appropriate prescription for SAM and MAM children, MTC for SAM and nutritional camp for MAP.
- Regular Follow up.

SAM children at no cost.

A MTC is a unit in a health facility where SAM children are admitted and managed. They are admitted following the defined admission criteria and institutional medical and nutritional therapeutic is provided to them free of cost.

Identified MAM children can be referred to nutritional camps (preferably 15 days 'Positive Deviance hearth camps or PD hearth Camps as they are referred to). Nutritional camps or PD hearth sessions are a community-based approach to reduce the prevalence of malnutrition

among children between 6-59 months. It also prepares and capacitates the local communities to deal with malnutrition by using local resources in order to prevent future malnutrition.

A dietary management of MAM children is realized under an optimal use of locally available foods to improve nutritional status and to prevent the condition from deteriorating to SAM in the nutrition camp and during the PD hearth session. In situations of food shortage, or if some nutrients are not sufficiently available in the local food, supplementary foods are used to treat the children.

Points of discussion



- Share your understanding about the Anthropometric methods of malnutrition assessment.
- Discuss about SAM and MAM children and their referral points (MTC, nutrition camps and more).
- What advice should be given to family of SAM child?

O5

VILLAGE LEVEL PREPARATION BEFORE NSCP

This Step will be done in the village before NSCP:

- Conduct a village meeting to discuss the need of measuring the children and BMI of the mothers, adolescent girls and their malnutrition assessment with the women, anganwadi worker, poshansakhi.
- Measure the children (usually the ICDS measures the underweight parameters though other parameters may also be used). Quality secondary data from ICDS can be used or first-hand measurement can also be undertaken, depending on the time and resource available in

- the project and also depending on the requirement.
- Prepare a village level household-wise data record of malnourished children and women with name of the head of the family as well, for easy identification and further tracking of these houses in a social map.
- Refer identified SAM cases with complications directly to MTC with help of ANM.
- Prepare a household-wise final list of malnourished children (up to 5 years of age) on the basis of specific parameters





Community meetings are required to help the community understand the severity & causes of malnutrition in the village.

and women (15-45 years) with less than a BMI score of 18.

Focus Group Discussion:

FGD is required in villages deliberating on the points mentioned below with an objective to help the community understand the situation and severity of malnutrition; and, make them sensitive about the ill-effects of malnutrition and possible approaches to curb it:

How do you see the status of

- malnutrition in your village? Is there any change in your opinion after the pre-screening deliberations (village meetings) and post screening process in the village?
- Are there specific castes / communities where the prevalence of malnutrition is high? If yes, why so?
- What could be possible reasons for such a high malnutrition in the village?
 - Referral and nutrition camp strategies
 - Nutrition camp manual

Assessing immediate causes of malnutrition and plotting is required for the following reasons:-

- To get the pictures of household-wise ethnic groups, their settlement patterns and their access to services and resources in the village.
- 2. To identify the pocket of household with malnourished child and mothers.
- To identify the excluded section and the responsible reasons in the village for focused approach for exclusive development.

Note: As per the objective of the NSCP, it is required to identify households with incidences of malnutrition and to understand their socioeconomic and geographical reasons to design a suitable approach.

Who can do the assessment and what will they assess?

Service providers, Women's groups, youths, women, elders, representative from different hamlets, village leaders and elected member

Understanding the social and malnutrition status of the villages

- Social Mapping: Social mapping is a method to identify households and habitation patterns in a village or hamlet with predefined indicators relating to social, cultural and economic condition. In NSCP, the social mapping is about identifying households with malnutrition.
- Layering malnutrition maps: Nutrition sensitive indicators, as laid out in NCSP, are used to identify households with malnutrition and the same are plotted with clear indication on the

- map. Besides identifying, these also help to track follow up action and outcome (improving nutrition status) in subsequent intervals.
- 3. Way to inclusive development: NSCP is an inclusive and participatory approach for nutrition centric planning. The objective of NSCP is also to identify gaps and imbalances among the different ethnic groups and hamlets in accessing services, programme benefits and resources in the village. It will help undertake appropriate strategies to address the problem.

Preparations:

- List of malnourished child data collected from ICDS or other reliable sources must be in hand before conducting the social mapping exercise.
- 2. Coloured powders, pebbles, chart paper, list of SAM and MAM children, sketch pen, colour sticker/ dots (Bindi), chalk powder, list of malnourished mothers, tri-angle shaped stickers.
- Prefixed date for meeting with prior consent from target community and key stakeholders.
- Selection of place as suitable and convenience of the participatory community members, stakeholders (i.e. approachable and reachable from all hamlets).

1. SOCIAL MAP:

Facilitator will help to the community (representative from different hamlets) to get involved in the process of drawing the map on the ground with chalk powder and showing all the households hamletwise, connecting roads, ethnic groups, government services centres, etc.

Social Mapping

How

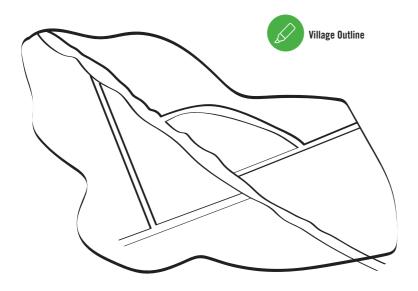
- 1. Map all the households of the hamlets and habitats.
- 2. S/he will have to bear in mind the need to locate households, enquire about ethnic groups, count the numbers of households, kachha / pucca houses, location of the households from the pucca (permanent) street.
- 3. Map all the streets in the villages.
- 4. Mark the location of service delivery points like ICDS, PDS, School, Markets and panchayat bhawan.
- 5. Produce a household-wise list
- Laying malnutrition maps: The identified households with malnourished child/children and/or women must be plotted on the social map.

Index	Interpretation
	Child with severe acute malnourishment
	Child with moderately acute malnourishment
	Child with normal nutrition status
	Woman with severe malnutrition / very low BMI
	Woman with moderate malnutrition / low BMI
	Woman with normal nutrition status / normal BMP

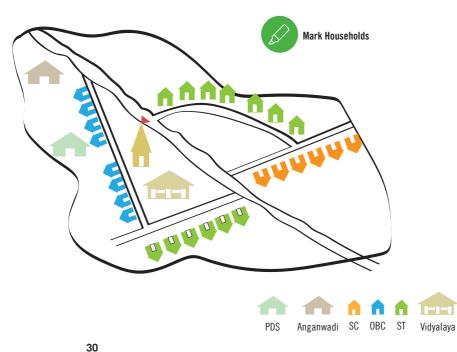
Facilitator will brief the group/community about screening process and sharing the list of malnourished children and mothers with them and ask them to put coloured dot stickers (Bindi, Red colour Bindi for SAM and Yellow colour Bindi for MAM) on the households drawn on the map.

- 2. With the list of malnourished mothers, they will put again coloured sticker of triangle shape which denotes households having malnourished mothers. A red colour triangle will denote women with severe malnutrition / very low BMI while a green-coloured triangle will represent women with normal nutrition status / normal BMP.
- 3. Facilitator will share the finding of social and nutrition status of the village with community.
- 4. Only SAM and MAM children will be plotted in the first year. But in subsequent years, children who have recovered from SAM and MAM category and now fall under green category also need to be plotted (with a green bindi). This makes the map dynamic and, with time, people will be able to see the changes of nutritional status at household level and can plan for possible interventions.
- 5. Validation for any excluded households by mistake, if any.

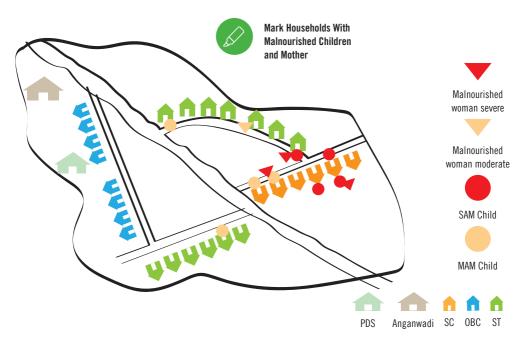
Step 1: Mark the village outline, roads, streams and service points like anganwadi, PDS, temple, school etc. as landmark and reference pointers.



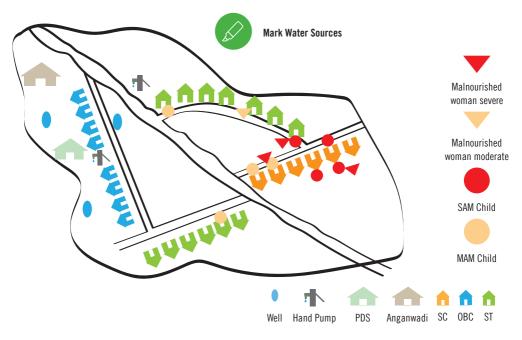
Step 2: Plot households in this map showing each house with a colour code indicating their social category.



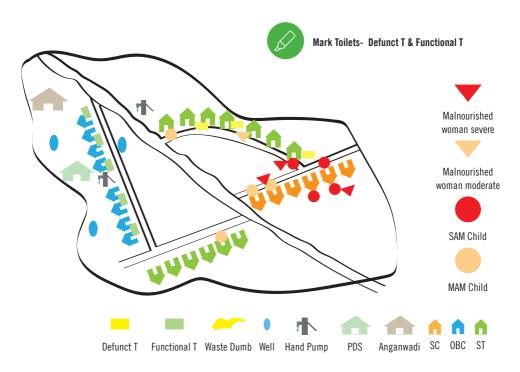
Step 3 : Plotting malnutrition status for each household on the map using colour dot stickers.



Step 4 : Add water sources using index on the map (different codes can be used for functional and defunct water structures).



Step 5: Add sanitation status with index for each household on the map



Way to inclusive development:

Inclusion and participation of community is key in identification of households with malnutrition and also for designing suitable strategies. NSCP is an inclusive and participatory tool for identification and planning for households having malnutrition.

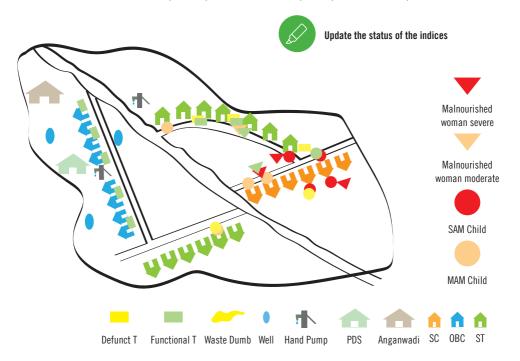
Control walk game for inclusion

- The facilitator will choose different volunteers representing different hamlets/tolas.
- 2. S/he will explain the game to them before the meeting starts.
- 3. Each of them will be given a card with a hamlet s/he will be representing.
- 4. The volunteers representing each of the hamlets will be asked to keep their role/

character secret.

- 5. To start the game, the six volunteers will be asked to stand in the centre of the group in one line and move forward one step at a time depending on the questions asked.
- 6. The facilitator will ask few questions so that everyone can hear clearly.
- 7. The facilitator will request all the volunteers to listen to the questions carefully.
- 8. For a better participation of the volunteer (characters) and to make the game more interactive it is advisable that the characters are rehearsed prior to the meeting. While planning for the game, each character is also given directions on when to stop while playing the game.

Step 6 : Periodically update the household status on mapping using colour codes marked in indices as overlap, the present status superimposed on the previous status.



Action Plan [may be used in different section]:

Immediate action plan is required to address therequirement of the identified malnourished HH and their subsequent follow up.

Process:

- Venue selection for next meeting will be decided by taking consent from nonparticipating community and tola.
- 2. Participatory action plan would be laid down as per the following table -

Household No. (plot in social map also)	the head	Name of the malnourished child	SAM/ MAM	Name of the pregnant/ lactating woman	BMI	Remarks



QUESTIONS TO BE ASKED BY FACILITATOR

	Questions	Possible Responses
01	The tola from which most of the participant attended previous Gram Sabha planning process? Please take one step forward.	The tola which did not take part in the planning process will remain standing and Others will take one step forward.
02	The tola which got maximum benefit from government schemes? Please take one step forward	The tola from which did not receive benefit of any government services will remain standing and others will take one step forward.
03	The tola from which people having maximum knowledge on government entitlements? Please take one step forward.	The tola from which having less knowledge on government schemes will remain standing and others will take one step forward.
04	The tola from which people took part actively and participated in preparing of development plan? Please take one step forward.	The tola which did not take part in the planning process will remain standing and others will take one step forward.
05	The tola in which implemented maximum number of government scheme? Please take one step forward.	The tola in which the govt. schemes not / less implemented will remain standing and others will take one step forward
06	The tola from which having maximum knowledge on nutrition related facilities? Please take one step forward.	The tola which has no idea about nutrition related facilities will remain standing and others will take one step forward.

Points of discussion



- Share your understanding about the tools to be used with people in the village before NSCP.
- Discuss why is it important to develop a general idea about the village with application of one or more than one tool before NSCP.
- Who are the priority households?
- Discuss and reconfirm whether all priority households have been covered or not.

CHAPTER OF

HOUSEHOLD LEVEL NUTRITION CENTRIC PLANNING

The village community is made up of individual families with diverse socioeconomic status and different levels of access to resources. Lack of knowledge, skills, accessibility and resources influence food availability, exposure to infections and coping mechanisms. Such families have higher chance of under nutrition and are caught in the vicious cycle of poverty and under-nutrition. Hence, besides planning for the common resources, it is also essential to ensure that resource poor families can access and manage their existing resources in a manner that will improve their status of food availability, access and utilization. Individual plans may require to be linked to government schemes for resource allocation for individual beneficiaries or a collective.

Participation

Families of under nourished children, women or adolescent girls, women's groups, service providers and volunteers can participate in the planning process.

Step to be followed :-

- Farm production system (seasonality)
- Assets mapping (subsystems, drinking water, sanitation, land, manpower, capital, equipment, surplus and usage)
- Identification of food availability during the lean phase
- Behavioural practices

- Identifying Nutrition / dietary gaps
- Farm designing
- Household planning

Interpretation: Overall planning and management of an identified vulnerable household concerning food and nutrition

Families with less
awareness, skills and access
to entitlements have higher
chances of disease and
malnutrition. Such resource
poor families should be
supported to plan own
resources and participate in
community plannings

security, WASH and sustainable agriculture practices.

Process: Facilitator will collect the basic information of the households by using specified format given below.

Collection of basic information of the household (in the specified format)

BASIC INFORMATION

01	Date of planning
02	Place of planning
03	Name of SAM/MAM child
04	Date of Birth
05	Age in Month
06	Father's Name
07	Mother's Name
08	Panchayat
09	Village
10	Hamlet (tola)
11	Height
12	Weight
13	Grade(colour)
14	Referral if any
15	Social category (ST/SC/OBC/Gen.)
16	Nutrition camp attended (Y/N)

*** Multiple sheets can be used for more malnourished children of the households

Preparation of crop sequences calendar for assessing gaps in food group availability in terms of production by visiting homestead area and farm land with household representative (in the specified format).

 Facilitator should visit the homestead area and the agricultural plot/land of the household to observe the existing condition to understand the current cropping pattern and diversity.

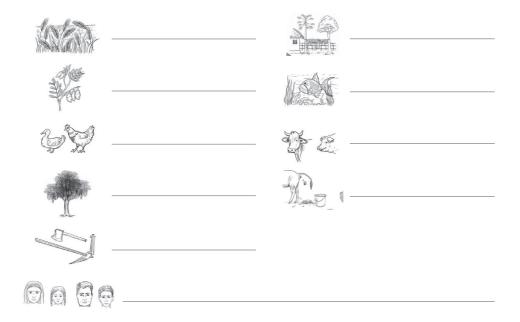
- The facilitator will ask household to list out local food type falling under each food group, eg. Paddy, wheat, maize etc. under cereals.
- The period of standing crop ie. sowing to harvest shall be marked in the calendar.
 This gives idea of the cropping potential and plot availability over time for new crops.

HOUSEHOLD LEVEL CROPPING PATTERN AND CROP SEQUENCE CALENDAR

Food Groups	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Cereals												
Pulses												
Green leafy veg.												
Other veg.												

Food Groups	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Fruits												
Roots & tubers												
Fats & oil												
Egg & Meat												
Nuts and oil seeds												
Other sources												

^{***} Hindi month calendars may also be used as option for better understanding of villagers.



Assets mapping (subsystems, drinking water, sanitation, land, manpower, capital, equipment, surplus and usage)

Facilitator will enquire from the farmer about her/his resources (low land, upland, poultry, big trees, farm equipment, family member (workforce), homestead space, pond, livestock and compost/agro waste). Questions that follow are: How do you use it? Can it be used in a better way?

Lean phase identification of food availability

Facilitator will conduct a meeting with the family (families of children and/or women who figure in the SAM or MAM categories) on seasonal stress period of the household and discuss for situation analysis throughout the year on food, fodder, firewood, drinking water, irrigation water and cash, disaster/shock, rainfall and temperature. Besides others, the discussion should encapsulate the family's views on the following: What is the seasonal availability and scarcity of the first phenomena? How do you cope with scarcity? How does scarcity impact your nutrition status?

Meeting with family members and discussion on food scarcity period (when a family member did not get enough food or had to borrow from others).

Behavioural practices (IYCF, WASH, food preferences, taboos, cultural acceptances etc.

In addition to insufficient food, behavioural practices are also responsible for malnutrition. So the facilitator must also understand the household level

Question	Response	Why so?	Willingness for change
Restricted food/taboo			
Hand wash	After ablutions? Y/N Before cooking? Y/N Before meals? Y/N What is used for hand wash?		
Cooking practices			
When do you feed your child			
Standards of feeding			
Do you use toilet?			
Immunization			
ANC/PNC			

behavioural practices regarding Infant and Young Child Feeding (IYCF), WASH, food preferences, taboos, cultural acceptances etc. These practices are attributing factors to the prevailing malnourishment in the household. Questions related with restricted food, cooking practices, feeding practices, hand washing, use of toilet, immunization and ANC/PNC are instrumental in understanding the reasons behind the malnourishment.

Responses against the following questions

will be recorded, behavioral practices of the household can be well understood and corrective measures like orientation, counseling etc. can be done with the household.

Food group availability in terms of consumption (seasonality)— Preparation of crop sequences calendar for assessing gaps in food group availability and identification of hunger period in terms of consumption (in the specified format). (Note: Green stands for surplus food,

Yellow stands for moderate availability of food and Red stands for scarcity of food.)

Facilitator will map the food availability of

the households in terms of consumption through participatory discussion with all family members to identify the gaps. S/ he is supposed to represent the findings in the format given below using colour codes.

For instance: Surplus = Green

Moderate = Yellow Scarce = Dark orange

Food Groups	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Cereals												
Pulses												
Green leafy veg.												
Other veg.												
Fruits												
Roots & tubers												
Egg & Flesh												
Fish												
Fat & Oil												
Other sources												
Nuts and oilseeds												

Farm planning and linkage with the different government schemes:

A farm plan of the individual households is to be developed on the basis of

identified gaps focused on nutritional security. Link the household with available government schemes, if possible example: PDS, ICDS etc.



Food Groups	Possibility	Input Time	Harvesting/ production	Challenges	Possible Solutions/ scheme/dept.
Cereals					
Pulses					
Green Leafy Veg.					
Other Veg.					
Fruits					
Roots & Tubers					
Egg & Flesh					
Fish					
Fat & Oil					
Other Sources					

Harvesting and storage plan of household nutrition for lean period:

Surplus management is often overlooked in rural communities and sold straight away to avoid complications due to poor processing and post-harvest infrastructure. But households have to buy these commodities later at higher price. A household estimate to preserve surplus for nutritional requirement is helpful for optimum use of these produce.



HARVESTING AND STORAGE PLAN OF 'HOUSEHOLD NUTRITION' FOR LEAN PERIOD

S.N	Produce	Processing month	Shelf life	Food group (out of 10)	Quantity	Ingredients required
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Behavioural practices (IYCF, WASH, food preferences, taboos, cultural acceptances etc.)

Use a checklist to observe and understand the behaviour and practices at household level for IYCF and WASH. For instance, some families don't eat chicken but they can eat duck and duck eggs.

The planning for household nutrition

should be appropriate to the local culture and food acceptance. For instance, there are taboos, misconception or misbeliefs related to the IYCF diet during the period of pregnancy and nursing, general food fads and pregnancy care which limits the nutrition supplementation choices. A thorough understanding of these challenges while planning helps to design the most feasible household interventions.



UNDERSTANDING HOUSEHOLD BEHAVIOUR AND PRACTICE RELATED TO NUTRITION

Question	Response	Why so?	Willingness for change
Restricted Foods/ Taboos			
Hand wash	After ablutions Y/N Be- fore cooking Y/N Before meals Y/N What is used for washing hands?		
Cooking practice	Washing and cutting sequence?		
When do you feed your child?			
Standards of feeding?			
Do you use toilets?			
Immunization			
ANC/ PNC			

Plan for household interventions

Follow up with children /mothers to immunization/ANC/PNC etc.

Crop and farm planning:

Facilitator will help the family to map their own resource and source of production.

Facilitator will discuss with the families to find their responses to the following questions:

- Do you have anything more than this? What are its' uses?
- What do you need to have an ideal

production system?

Families must be enabled to realise that creating linkages between various components may reduce their costs of production and risks, as well as increase diversity of food items (more enriched nutrition) and enhance the resources (including money) at their disposal.

Identify the needs and prioritization including the household specific required interventions in village level holistic development plans for convergence.



TYPICAL NUTRITION-SPECIFIC AND NUTRITION-SENSITIVE INTERVENTIONS FOR IMPROVING NUTRITION SECURITY

NUTRITION - SPECIFIC INTERVENTIONS

- Preparation of Community nutrient enriched meals
- Supplementation of vitamins and minerals (vitamin A, iron, folic acid etc.) for specific vulnerable groups
- Provision of 'ready-to-use food' or takeaway 'food aid rations' for malnourished children and women
- Community-based rehabilitation of malnutrition (CMAM)
- Deworming campaigns to improve health and nutritional absorption
- Water handling measures to prevent diarrhoea
- Specific nutritional education and breastfeeding practices in combination with the provision of nutritious food items

NUTRITION - SENSITIVE INTERVENTIONS

- Local small-scale food production with diversified crops and integrated animal rearing
- Home and kitchen gardens for producing vegetables
- School feeding combined with school gardening and nutrition education
- Promotion of integrated livestock and fish production (poultry, small ruminants, fish ponds)
- Improving post-harvest handling and storage facilities
- Social transfers through infrastructure (FFW)
- Nutritional education, behaviour change.
- Improving basic education and women's empowerment
- Improving caring capacity and nutritional behaviour
- Improving medical services and provision of safe water, improved hygiene and sanitation at household and community level through WASH interventions

Points of discussion



- Share your understanding on why nutrition centric planning is required at the household level?
- Discuss about the components taken into consideration in nutrition specific household level planning
- What is Nutrition specific and nutrition sensitive planning.

O7

NUTRITION SENSITIVE COMMUNITY PLANNING

Rationale :-

Multiple underlying causes may lead to a state of undernutrition. Non availability of food or wrong food consumption habits at the household level is one of the leading causes for hunger and undernutrition. This situation may arise from low income, poor farm practices, under-utilization or lack of integration of resources and lack or poor natural resource management. The other causes of malnutrition are repeated infections and poor knowledge about care practices. Household practices related to WASH and infant feeding lead to poor utilization of available food. Finally. poor access to entitlements under the government schemes deny the families of food, safe drinking water, sanitation, treatment of illness, education and income

Hence, it is important for the planners and community at large, to assess the status of the above leading causes of food insufficiency and underutilization of food in the village. This will help in prioritizing and screening issues that need budgetary allocation, those that require behaviour changes and ones that require policy

decisions within the village.

Who can participate

Service providers, women's groups, youths, elders, representative from different hamlets, village leaders and elected members can participate and facilitate the planning process.

- Transect Walk understanding the village
- 2. Analysing Seasonality and Resources
- 3. Mapping uncultivated food, especially food from the commons, like edible fruits, tubers, flowers etc. available from the forest
- 4. Mapping access to safe drinking water, sanitation, health services, nutrition services, schools, roads, electricity, housing and connectivity

Transect Walk – understanding the village

- The facilitator along with the group members will go around the village and ask them to observe what they see on the way with a focus on the condition of its agricultural and natural resources.
- S/he will ask the members to locate the agriculture fields, homestead and village

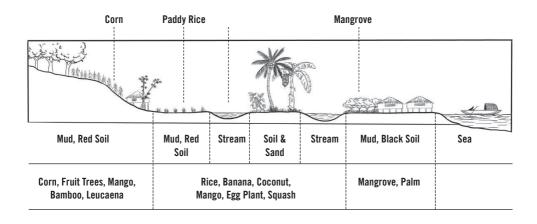


A transect walk is a tool for describing and showing the location and distribution of resources, features, landscape, and main land uses along a given transect.

common areas, where food crops can be grown by individual households and collectively as well.

- S/he will ask the members to also locate water bodies.
- S/he will ask the members to locate the forest from where forest produces can come to the household.
- During the process of social mapping, an impression of the hygiene and sanitation situation of a particular hamlet or area can also be obtained

- which may give a lead to households having malnourished children.
- The facilitator will try to encourage discussions on identifying strategies through pointed and open-ended questions, enabling the community to address issues related to agriculture and nutrition. This serves as a strong trigger to bring out hidden thoughts associated with nutrition among the community. (The facilitator will make notes on responses made by the members during the walk.)



Making a transect map should include informed community members and people with the technical skills to identify and propose solutions.

Suggested questions during the visit:

- Where are the main types of food cereals, pulses, oil seeds-grown? [Visit and observe the area]
- Where and how are vegetables grown?
- What kind of agricultural inputs do people use — seeds, fertilizers, pesticides and from where are they procured?
- What are the leafy vegetables and fruits grown in homestead gardens in the community?
- What are the main sources of fish, meat and egg?
- What food items do they get from cattle?
- What are the types of uncultivated food they find in different seasons and

from where?

- What are the produces they receive from forest?
- What is their main source of drinking water?
- Where do people shower and wash their utensils?
 - Which areas in the village are used for defecation purposes?
 - What are the available water sources for agriculture?
- The facilitator will draw attention to the fallow areas which can be used for growing food.
- S/he will ask and discuss with the members how often they use forest products

What is here?				
Who owns it?				
Does this area produce food?				
If yes, what is the diversity like?				
If no, are there potentials?				
Where are the sources of drinking water?				
Is the source clean?				
What can be done to keep it clean?				
Where is the sanitation condition very poor?				
What could we do to improve this condition of poor sanitation?				
What are the good practices?				

Discussion based on transect walk:

Upon completion of the transect, the members of the group will be able to understand the status with regard to their forest, nutrition garden, agriculture fields and/or crop diversity, production problems and some possible solutions, cattle, small ruminants and bird-based food items and areas or plots where changes can be initiated. The members will together prepare a plan based on the findings, referring to the notes made during the transect walk, which will help them to decide on strategies in future meetings. For example, if they find that their nutrition gardens are lying fallow or have

only a few varieties of vegetables and/or do not have a proper fence around, they will then try to diagnose the underlying reasons for the garden lying fallow. The probable reasons could be lack of water and/or lack of seeds and/lack of time to work there and/or the absence of proper fence etc. The facilitator will then have to creatively plan for ameliorating these conditions, based on the locally available resources, including knowledge and skills.

Steps:

- 1. Document the following:
- Seasonal calendar of scarcity
- Content of the food, fodder, firewood,

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1			

drinking and irrigation water

- Cash and work
- Seasonality of temperature, rainfall and disasters.
- Seasonal calendar of crop in lowland/ upland/garden
- Marketable products
- Wild food items and
- Value addition.
- 2. Resource map the village and planning what can be done in common land/ properties jointly by the group.

Seasonal Production

The first column denotes lowland, homestead, upland, collection from wild, things sold in the market, things to be processed.

Write names of crops/components/things in each box as per the seasonality and discuss to address the following questions:

- Do you see any problem now such as insufficient diversity, large gaps or missing market links?
- Do you change/rotate crops in consecutive years?
- Do you find any crops which were there in your childhood, but are not to be seen now?
- Can you think natural phenomena like weather that are linked to this? Do you see any change in production over the years, particularly in relation with this exercise?

	6/00/	- Lie	
\$ 000 m			

DISCUSSION ON CURRENT CROPPING PRACTICES AND FUTURE PLANS

The facilitator will discuss with the group the crops being grown in different seasons in their fields.

- S/he may draw a matrix with illustrations on different seasons (summer, rainy and winter), land types based on local classification and crop groups (cereals, pulses, oil seeds, spices, roots tubers, and vegetables etc). (See matrix under section 'Mapping Uncultivated Food and Food from Commons')
- The facilitator will encourage each participant to talk about the crops they grow in their field in different seasons. Some guiding questions that the facilitator can ask are:
 - Why is this up and/or medium and/ or low land lying fallow in a given season?

- Is it part of the local land use practice or are a few factors responsible for the fallow period?
- The facilitator needs to encourage the group to analyse the factors responsible for the fallow period and explore local solutions:
 - Are there locally appropriate crop varieties (that can be grown in local climatic conditions, are part of the food culture and can also be used as fodder) that can be grown during the fallow period?
 - Are there ways to extend the present sowing and harvest period?
 - Amend the land use pattern during the fallow period etc.

Mapping Uncultivated Food and Food from Commons

Uncultivated food are the free source of rich nutrition for the communities and in rural areas the indigenous communities

DISCUSSION POINTS:

- The first row conveys six seasons. The first column shows food, fodder, firewood, drinking water, irrigation water and cash, disaster/shock, rainfall and temperature.
- What is the seasonal availability and scarcity during each of the six seasons represented in the first row?
 How do the households cope with scarcity?
- Does the availability or scarcity of one component during any season impact the family during the other season(s)?

- How does scarcity impact your nutrition status?
 The facilitator can use colour code, marks or numbers to denote availability.
- What is the seasonality of the last three items in the column? Is there any relationship between seasonality of natural phenomena and availability of the first six?
- Can you think about new crops, new possibilities to address your scarcity? Can we utilise the natural phenomena positively to address the scarcity?

are still have at least one third of their daily food basket fulfilled by collection of these natural products. It has a wide range of production from cereals to legumes, vegetables, fruits, roots & tuber, animal protein, fish, honey, mushroom and many more. The decline of uncultivated food collection and consumption has affected the resilience of community to cope with the food and nutrition crisis in stress periods. So it is important to map the existing status of uncultivated food and possibilities for their sustainable use.

Let us discuss the uncultivated food availability with reference to following points -

 Consumption of uncultivated food by local population in different seasons – Are they aware about the food value of

uncultivated food?

- Are there existing storage practices and recipes in the village or in individual households that can be shared with others, including the facilitator?
- Uncultivated food that is disappearing, the reasons and plans for its regeneration, protection and conservation.

The facilitator will use a matrix to map the different uncultivated food that is collected throughout the year. S/he may facilitate the group to prepare a seasonality chart as shown below. The elders and women in the village need to be encouraged to contribute to this process. This may be done as a focused group discussion.

	Summer	Rainy	Winter	
Name of the food items and number of varieties	Name of the food and source*	Name of the food and source*	Name of the food and source*	Name of food that is disappearing/ vanishing
Cereals				
Pulses				
Other legumes				
Green vegeyables				
Roots & tubers				
Leafy vegetables				
Spices				
Oil				
Animal protein				
Fruits				
Other (mushrooms, bamboo shoots, seeds etc.)				

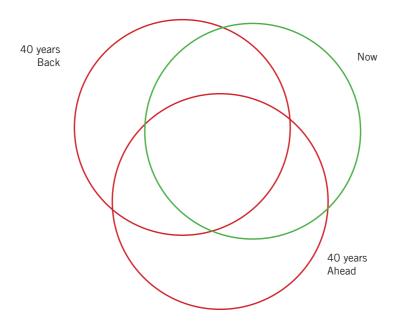
After this classification, the group members need to be invited to share their knowledge, experiences and concerns about the uncultivated food they would collect and are/were available in their area. The facilitator will enquire about the storage practices that help to retain its nutritive values (e.g. drying fish, mushrooms, etc) The facilitator will conclude by highlighting the fact that locally available uncultivated food is an important and critical source of food and nutrition and that it can be stored, and the younger generation could be motivated to follow these practices. It is also

important to regenerate, protect, conserve and consume it.

Planning for sustainable use of uncultivated food

Ask the participants to bring a display uncultivated foods from their locality. Identify other uncultivated food people can recall but that are not available in the present sample and make a note of these.

Draw three large circles on the ground representing three distinct time zones viz. 40 years back, present scenario and scenario 40 years ahead.



Points to discuss:



- List uncultivated foods are now extinct? Discuss and explore what have been the reason behind their becoming extinct?
- Which uncultivated food are at risk of extinction? What can we do to conserve them?
- What species could strengthen nutrition supplementation for the village in the future? What can we do to achieve this?

Summary:

- Uncultivated food items form a rich source of food diversity and food security in difficult
- Conditions, especially when in times of crop failure.
- It is important to identify and preserve these resources.
- Because of the seasonal scarcity of

food, it is important to preserve and store these food items for consumption during lean seasons.

Prioritization

List out the proposed interventions under different thematic sections like crop management, animal wealth, service activation, WASH, horticulture, land water management etc. for each of the theme do a matrix exercise as follows –

	Cultivation in fallow lands	Farm bunding	Irrigation facility	Pest Control	Plantation Work
Cultivation in fallow lands		XXX	XXXXXX	х	xx
Farm bunding	Х		XXX	Х	XX
Irrigation facility	XXX	Х		XX	XXX
Pest Control	х	XX	XX		XX
Plantation Work	xxx	Х	Х	Х	
Total	8	7	12	5	9

Ask participants to make choice by comparing the interventions for priority score and count the total score by the end. Identify three top interventions identified at priority by the participants for each of the theme (eg. In these case) –

- 1. Irrigation Facility
- 2. Plantation work
- 3. Cultivation in fallow lands

Mapping access to safe drinking water, sanitation, health services, nutrition services, schools, roads, electricity, housing & connectivity:

Apart from food availability and consumption, there are other factors also which contribute to worsen the crisis of malnutrition directly or indirectly. Certain resources, facilities and accessibility issues play vital role in malnutrition. Proper sanitation and hygiene and safe drinking water can reduce undernutrition and stunting in children by preventing diarrhoeal and parasitic diseases, and

damage to intestinal development (environmental enteropathy). Diarrhoea is often caused by a lack of clean water for proper hand-washing. Similarly, the malnutrition situation aggravates further because of lack of access to proper health and nutritional services like MTC. Connectivity issue like roads and electricity also come into play indirectly because non connectivity begets ignorance and inaccessibility.

Resource mapping:

Resource map mainly focuses on the natural and physical resources in the village and depicts land, hills, rivers, fields, vegetation, roads, electricity and health centres.

Facilitator will help the community (representative from different hamlets) to get involved in the process of drawing the resource map and detailing (hamletwise) all the natural and physical resources in the village to understand

the status of basic facilities and services and connectivity. It is also meant to understand the availability, accessibility and use of natural resources and their strategic use in the context of malnutrition.

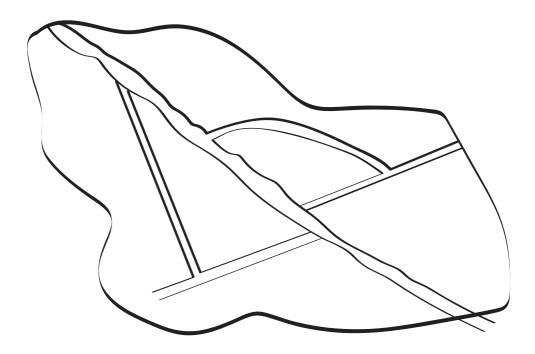
Following points to be taken into consideration for resource mapping:

- 1. Map all the physical and natural resources in the village.
- 2. Studying the distribution of the resources hamlet-wise
- 3. Their use and utilization pattern.
- 4. Understanding their connectivity and accessibility issue keeping in mind the social strata of the village (geographical and/or cultural barrier).

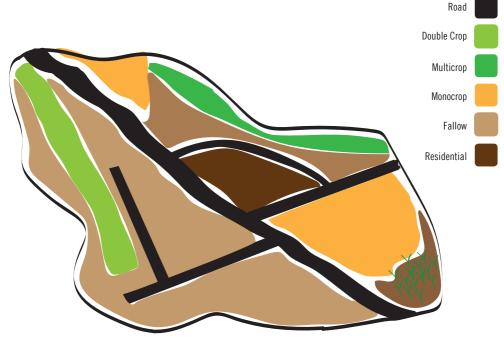
Land Use Mapping

The land use status helps us understand existing land use conditions and potentials for development of the area as a food producing habitat.

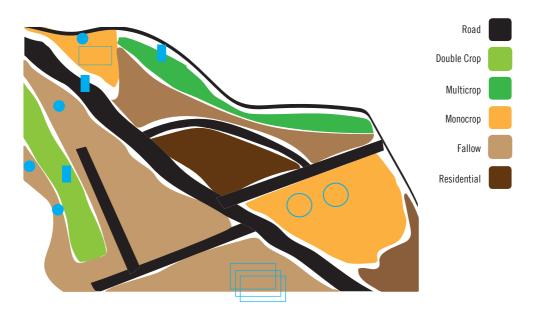
Step 1 : Draw an outline of the village with roads







Step 3 : Indicate water source on the land use map. Use index for different structures. Hollow can be used for the planned structures for future use and solid index for existing resources at present.



Step 4: Update the status of change in land use pattern at different intervals.



The chief feature of a social map is that it helps in developing a broad understanding for the various facets of social reality, viz., social stratification, demographics, settlement patterns, social infrastructure, land ownership, land use, etc.

Points to discuss: • Transect



- Walk
- Analysing Seasonality and Resources
- Mapping Uncultivated Food and Food from Commons
- Mapping access to safe drinking water, sanitation, health services, nutrition services, schools, roads, electricity, housing and connectivity



CHAPTER 08

VILLAGE LEVEL COMMUNITYPLANNING AND INTEGRATION OF HOUSEHOLD NEEDS

Community plan is a community-based participatory planning process for achieving a desired set of objectives with clearly defined goals with feasible consideration of resources, time and scope. NSCP entails community planning for better utilization of the resources, facilities, practices to address the issue of malnutrition.

It is an empowering and inclusive process for village development and reduction of undernutrition and poverty.

Service providers, women's groups, youths, elders, representative from different hamlets, village leaders and elected members participate and facilitate the planning process.

From the PRA exercise put the priority activities in a list and develop plan for its execution with help of following table -

Integrating household Plans in the village Community plans (inclusiveness)

Why - The families need to know the schemes and the entitlements they can access based on their individual plans. This helps in expediting the overall village planning as each house already has a list of schemes they wish of apply for. The family also learns how to follow-up their specific requirements.

Different set of activities and relevant government schemes/services have been identified under the household level nutritional intervention planning. A village consolidation format used for household mapping can be filled simultaneously to prepare scheme-wise list of eligible beneficiaries and also to categorize them under Socio Economic Caste Census and non Socio Economic Caste Census list of beneficiaries. For instance, a reference list of approved activities under MGNREGA

What is required	Where	What will happen as change	What would be the cost	Who can contribute resource for this	How to approach	Timeline	Who will take leadw

A village consolidation format used for household mapping has to be filled simultaneously to prepare scheme-wise list of eligible beneficiaries.

may also be consulted by the facilitating team to identify eligible activities and shelf of work under MGNREGA.

Steps -

1. Integrating identified and prioritized households needs in village community-plans (inclusiveness)

- 2. Gram Sabha (Village council) planning and approval
- Follow up plans with the local village assembly and the community development sectors/ departments

THE CONSOLIDATION LIST FORMAT

Panchayat :		Block:		District:	
1 Action List :			Agency :		
Name of beneficiary	Age	Sex	Category	ID/UID	
	1 Action List :	1 Action List :	1 Action List :	d Action List :	d Action List : Agency :

*Multiple copy of sheets can be used for different set of activities identified during the community planning process at household. Facilitator will help the beneficiaries to identify the most important activities only on priority basis for linkages.

The facilitator will present this consolidation list before the panchayat

planning team (of GPDP/ standing committees of PRI) and get the activities approved where the gram sabha planning process is mandatory for their sanction. In other cases, like inputs, credit, insurance etc. the project /facilitation team can identify possible resources and liaison with these agencies/department by providing the list and a follow up by the community based organizations.



Points to discuss:

- Share your understanding on village level community plan
- Discuss about integration of household plan into village Community plan

O9

GRAM SABHA AND APPROVAL OF NSCP

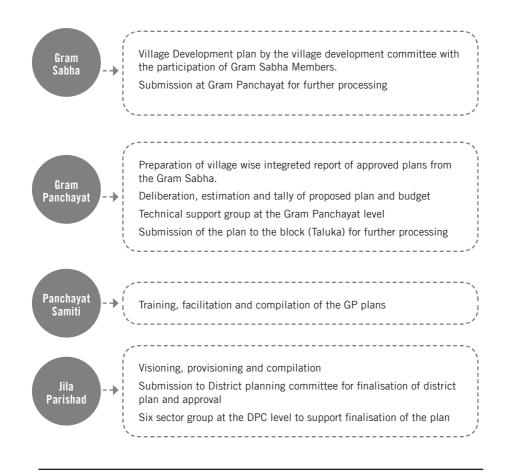
Gram Sabha is the lowest level unit of the administrative set-up and first and most important platform for grassroots planning. Following steps are required for Gram Sabha planning and approval process:

- The Gram Sabha planning process is declared one month prior to the village level planning.
- Preparation of village development plan by the village development committee (Gram Vikas Samiti)
- Identification of excluded families (single woman, widow/elderly/differently able (Divyang)/ PVTGs/landless/SC/ST).
- Assessment of possible person days and budget in MNREGA for next financial year.
- Quorum: In non-notified area, at least 1/10 Gram Sabha members (voters) must present in the meeting in addition to at least 1/3 women gram sabha members (voters) of the area. In notified area, the number will be 1/3 Gram

The GPDP planning process has to be comprehensive and based on participatory process which involves full convergence with schemes of all related Central Ministries/Line Departments related to 29 subjects listed in the Eleventh Schedule of the Indian Constitution.

Sabha members and 1/3 Women.

- Finalisation of plan and allocation of budget for the excluded families/groups
- Open discussion in the Gram Sabha about other village development programs and their prioritization through participatory discussion
- Presentation and discussion about already approved plans from administration and issue of utilization certification from Gram Sabha for already completed plans
- Presentation of last year passed and completed plans (from Gram Sabha)



- Passing of individual and communitybased plans for the identified beneficiaries in the Gram Sabha
- Entering the minutes of the proceedings in the Gram Sabha meeting register
- Signatures of Gram Pradhan/Sabha adhyaksha in all pages of the meeting register. Make sure that there is no blank space
- Submission of the photo copy of the completed Gram Sabha meeting register to Gram Panchayat for further processing for approval.

Meeting of panchayats (placing the plans)

After the plan is prepared at the village level in the Gram Sabha with community participation, the same is placed to the Gram Panchayat for further processing and approval.

 All approved plans from Gram Sabha of all villages are placed for deliberation, prioritization, processing and approval in the Gram Panchayat meeting. The Gram Panchayat meeting is held mandatorily four times in a year; i.e. 26th January,

Sample template for report of Independent work planning-MGNREGA

Name	Status of work in	Ongoing	Name of the beneficiary	Status of	Khata	Unit of outcome (as per Expected		Froi	n MGNREG	4		Sum total		Total Targeted
of the work	schedule 1 of the Act	/ New	in independent work	independent /Plot No MGNREGA out	outcome	Labour (Skilled and non skilled)	Material	Total	Labour (Skilled and non skilled)	Material	Total	man days creation		
Land leveling														

1st May, 15th August, and 2nd October.

- Preparation of village-wise integrated report of approved plans from the Gram Sabha in the prescribed format.
- Estimation and tally of proposed plan and budget.
- Open discussion and deliberation on the approved plans [from the Gram Sabha].
- Integration of the plans which influence two or more than two villages under the Gram Panchayat as per requirement.
- Details/description of all plans to be entered (village wise) in the Panchayt meeting register after discussion and deliberation.
- Signature of all participating members, government officials in the completed Gram Panchayat meeting register. Make sure that there is no blank space after the signatures.
- Submission of the photo copy of Gram Panchayat Meeting Register to block for further processing.

Gram Sabha is the primary and permanent body of the Panchayati Raj system as well as for the decentralized planning process as the members of the Gram Sabha are all the adult members of the community (voters) – so the plan prepared in the Gram Sabha is supposed to capture the people's imagination directly. The formal process of processing of the plan is initiated once the plan is approved from the Gam Sabha and placed before the Gram Panchayat, which is the body of elected representatives. The plan proposal of the Gram Sabha is discussed and deliberated and prioritized in the Gram Panchayat for further processing at the block and district level. Gram Panchayat Development Plan (GPDP) is an integrated plan prioritized and accumulated from all Gram Sabhas within the Panchayat. In other words, GPDP planning process is comprehensive and based on participatory process that involves the full convergence with schemes of all related central ministries / line departments related to 29 subjects enlisted in the Eleventh Schedule of the Constitution. The plan finally reaches to the District Planning Committee which is a constitutional body at the district level for planning at

The People's Plan Campaign PPC is an effective strategy for ensuring the preparation of GPDP in a campaign mode. PPC 2020 will be rolled out as 'Sabki Yojana Sabka Vikas' from 02nd October 2020 to 31st January 2021.

the district and below. The Committee consolidates the plans prepared by the Panchayats and the Municipalities in the district and prepare a draft development plan for the district.

When the plan is submitted to Gram Panchayat from the Gram Sabhas, Gram Panchayat prepares a village wise integrated report with the help of the technical support group existing at the Gram Panchayat level. Preceding this, the Gram Panchayat does all deliberations

on the social and financial feasibility and prioritization. Then the plan is submitted to Panchayat Samiti (Taluka's or block level) for further processing. At block level, the Gram Panchayat plans are compiled and further submitted to Zila Parishad. At Zila Parishad Level, visioning, provisioning and compilation is done and the same submitted to District Planning Committee (DPC) for finalization. The six sector group at the DPC level supports the DPC for finalization of the plan.

Points to discuss:

- Discuss about the planning at the Gram Sabha level
- Discuss about the steps the plan passes through to finally reach to DPC (Gram Sabha to Gram Panchayat etc.)
- Mobilization for active participation in Gram Sabha

10

FOLLOW UP OF APPROVED NSCP

Once a plan is prepared in the Gram Sabha and the same is submitted to Gram Panchayat for further processing, the plan passes through different levels - viz. the Gram Panchayat, Panchayat Samity and the Zila Parishad before being finally submitted to District Planning Committee (DPC). The community must continue to follow up, directly and indirectly. Community level institutions like Self Help Groups (SHGs), women federations, farmers club, youth collectives etc. in close coordination with the PRI members can do the follow up for avoiding deviation/dilution and timely execution of the budgetary plans and also remain

updated on the same.

Non-budgetary activities like social audit of government programs, ICDS centres, schools, health facilities and services etc. can be done by the community level institutions. Proposed names of the potential beneficiaries for different government programs can be tracked on regular basis.

Elected PRI representatives can regularly follow up at all levels – Gram Panchayat, Panchayat Samity and Zila Parishad – and can continuously update Gram Sabha/ active community members on this.

Sample template for tracking of eligible beneficiaries against status of scheme entitlement

ei.	Name of SI the head		this L												Haalib					
No.	the head of the household	village	Wide Pen:		Disa Pens	bility sion	Old a Pens	age sion	ge PDS MGNREGA on			EGA MDM		DM SSA		ICDS		Health Facility		
			Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility	Eligibility	Accessibility



Points to discuss:

- Discuss the follow up processes at all levels for the submitted plan.
- Discuss about the possible community level mechanism at the village level for follow up.

CHAPTER 1 1

RELEVANT GOVERNMENT PROGRAMS

Planning of government programs for ensuring inclusiveness is fundamental to meet the objective of the NSCP. Quality service delivery for eligible excluded households can arrest and minimize the incidences of malnutrition. There are various schemes funded by the state and central government which directly or indirectly affect the state of malnutrition and if executed with quality can really make decisive changes on the ground. Below are the details of few such schemes:

Mahatma Gandhi National Rural Employment Guarantee Act or (MGNREGA):

MGNREGA is an Indian labour law and social security measure that aims to guarantee 100 days of employment (right to work) to each eligible household. The objective of MGNREGA is to provide 100 days of employment guarantee of casual manual labour work to each eligible household and to create durable assets in the rural areas. Under MGNREGA scheme, activities like water structures, poultry/goatery shed, plantation, soil and water conservation etc. can be taken up.

This will diversify the food basket and fulfil the need of animal protein of the household. Secondly water bodies and irrigation facilities created through the scheme can help in planning of nutritional sensitive agriculture to maximize agriculture's contribution to nutrition. So in NSCP, planning can be done under MGNREGA and to create structures, take up plantation to improve nutritional outcomes.

2. Integrated Child Development Services (ICDS):

ICDS scheme is a government initiative for the all-round development (health, nutrition and education) of children under 6 years. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. Child growth is monitored and data is kept in the ICDS centre and the same can be referred at the time NSCP. During social mapping in



Panchayats, which has a pivotal role to play in the preparation of GPDPs, need to adopt a risk-based approach in convening small gatherings with different communities at the village level. https://gpdp.nic.in/resources/PPC-202 Booklet.pdf

the NSCP, the households that are left out or do not have access to ICDS must be identified and appropriate steps can be taken for their inclusion. In the event of the social mapping identifying any SAM or MAM, they must be referred to MTC and nutritional camp respectively.

3. Poshan (Prime Minister's Overarching Scheme for Holistic Nourishment) Abhiyan :

Poshan Abhiyan is India's flagship program to improve nutritional outcomes for children, adolescents, pregnant women and lactating mothers. It is a multisectoral programme to address maternal and child malnutrition in selected high-burden districts. Poshan Abhiyan falls under the ambit of the National Nutrition Mission (NNM) that is meant to tackle the problems of under-nutrition, low

birth weight and stunting. It strives to achieve reduction in stunting, bring down anaemia among young children, women and adolescent girls. At the heart of the mission is the use of information communication technologies to monitor the implementation of the scheme as well as to check pilferage in distribution of supplementary nutrition at anganwadis under the Integrated Child Development Scheme.

4. Malnutrition Treatment Centre (MTC):

MTC is a unit in a health facility where children with Severe Acute Malnutrition (SAM), 6-59 months of age, are admitted and managed. Children are admitted as per the defined admission criteria and provided with medical and nutritional therapeutic care free of cost.



5. Weekly Iron and Folic Acid Supplementation (WIFS) Program:

The Ministry of Health and Family Welfare has rolled out the Weekly Iron and Folic Acid Supplementation (WIFS) Program in 2012-13 to meet the challenge of high prevalence and incidence of iron deficiency anaemia among adolescent girls and boys. The long term goal is to break the inter-generational cycle of anaemia, the short term benefits is of a nutritionally improved human capital.

6. Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG):

Also called the SABLA scheme aims at empowering Adolescent Girls (11-18 years) through nutrition, health care and life skills education. It has two major components viz. Nutrition and Non Nutrition.

Under the Nutrition component, the out of school Adolescent Girls (AGs) in the age group of 11- 14 years attending Aanganwadi Centres and all girls in the

age group of 14-18 years are provided supplementary nutrition containing 600 calories, 18-20 grams of protein and community nutrients, per day for 300 days in a year.

7. Kishori Shakti Yojana (KSY):

The Adolescent Girls (AG) Scheme under ICDS primarily aimed at breaking the inter-generational life-cycle of nutritional and gender disadvantage and providing a supportive environment for self-development. It is a special intervention devised for adolescent girls using the ICDS infrastructure.

The broad objectives of the scheme are to improve the nutritional, health and development status of adolescent girls, promote awareness of health, hygiene, nutrition and family care, link them to opportunities for learning life skills, going back to school, help them gain a better understanding of their social environment and take initiatives to become productive members of the society.

8. National Rural Health Mission (NRHM):

National Rural Health Mission (NRHM) was launched by the Hon'ble Prime Minister on 12th April 2005, to provide accessible, equitable affordable and quality health care to the rural population, especially the vulnerable groups. It encompasses home-based new born care, immunization, Community nutrient supplementation, de-worming, health check-up, management of childhood illness and severe under-nutrition, referral and cashless treatment for first month of life. Care of sick new-borns, facility-based management of severe acute malnutrition and follow up.

9. National Food Security Act 2013:

The National Food Security Act, 2013 (also Right to Food Act) is a law passed by the Parliament of India with the aim to provide subsidized food grains to approximately two thirds of India's 1.2 billion people. The Act has converted the existing food security programs like midday meal (MDM), ICDS and PDS into legal entitlements. Under the Act, food security means availability of sufficient food grains to meet the domestic demand as well as access, at the individual level, to adequate quantities of food at affordable prices.

- PHH Pink Cards Grains 5kg per member in the card @ Rs. 1 per kg
- AAY Cards 35 kg grains per card at scheduled rates
- White Card Supply of kerosene oil only

10. Swachh Bharat Abhiyan (SBA) or Swachh Bharat Mission (SBM):

SBA or SBM was launched in India officially on 2nd October 2014. It is a

nation-wide campaign in India for the period 2014 to 2019 that aims to clean up the streets, roads and infrastructure of India's cities, towns, and rural areas. It seeks to improve the levels of cleanliness in rural areas through Solid and Liquid Waste Management activities and making Gram Panchayats Open Defecation Free (ODF), clean and sanitized. The objectives of Swachh Bharat include eliminating open defecation through the construction of household-owned and community-owned toilets and also establishing an accountable and transparent mechanism of monitoring of the same.

11. National Rural Drinking Water Programme (NRDWP):

The National Rural Drinking Water Programme (NRDWP) is a centrally sponsored scheme aimed at providing every person in rural India with adequate safe water for drinking, cooking and other domestic basic needs on a sustainable basis. Safe water is to be readily and conveniently accessible at all times and in all situations and therefore, the scheme focuses on the creation of the infrastructure.

12. National Horticulture Mission (NHM):

NHM is a sub scheme of Mission for Integrated Development of Horticulture which is being implemented by State Horticulture Missions (SHM) in all States and Union Territories. The objective of the scheme is to enhance horticultural production, improve nutritional security and income support through holistic growth of horticulture sector, convergence and synergy among multiple on-going and planned programmes for horticulture.

13. Agriculture Technology Management

'Bal Sabha' and 'Mahila Sabha', apart from 'Ward Sabha' - these would facilitate articulation of demands of children and women especially and ensure wider participation.

Agency (ATMA):

ATMA is a registered society operating in all districts with prime focus on agriculture technology dissemination in the district. It is associated with line departments, research agencies, nongovernment organizations etc. It is a focal point for integrating research extension and marketing. The main objective of this scheme is to coordinate the various research and extension activities at the district level and deliver best result through research, demonstration and technology transfer.

14. Rashtriya Krishi Vikas Yojana (RKVY-RAFTAAR):

RKVY is a state run scheme launched with an objective to achieve 4 per cent annual growth in agriculture through development of agriculture and its allied sectors. This scheme serves as an umbrella for various such initiatives. As part of this scheme, states are allowed to choose their own agriculture and allied sector development activities as per the district/ state agriculture plan. On the basis of experience and feedback from states, the government has revamped the scheme as RKVY – RAFTAAR – Remunerative Approaches for Agriculture and Allied sector Rejuvenation.

Major sub-schemes of RKVY – RAFTAAR are as follows: (1) Bringing Green Revolution to Eastern India (BGREI),

- (2) Crop Diversification Program (CDP)
- (3) Reclamation of Problem Soil (RPS).
- (4) Foot and Mouth Disease Control Program (FMD-CP), (5) Saffron Mission
- (6) Accelerated Fodder Development Programme (AFDP).

15. Single Window System:

Single window system to help farmers was introduced in Jharkhand in the year 2016. Single widow system is for helping farmers to get all kind of information related with agriculture from a single point of interaction.

16. Paramparagat Krishi Vikas Yojana (Traditional Farming Improvement Programme-PKVY):

PKVY was launched in April, 2015 to support and promote organic farming and thereby improving soil health. This scheme encourages the farmers to adopt eco-friendly concept of cultivation and reduce their dependence on fertilizers and agricultural chemicals to improve yields. PKVY promotes organic farming through adoption of organic village by cluster approach and Participatory Guarantee System of certification. Fifty or more farmers form a cluster having 50 acres of land to undertake organic farming. Each farmer will be provided Rs. 20,000 per acre over three years for agricultural processes involving everything from seeds to harvesting crops and to transport them to market.





This is manual number 5 in a series of 5 manuals





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