

# Community Hunger Fighters

A People – Centred Programme  
Focussing Undernutrition



**Toolkit for Implementation**

**M S Swaminathan Research Foundation**

# **Towards Nutrition Security**

## **Community Hunger Fighters Programme**

**(A People – Centred Programme Focussing Undernutrition)**

**Toolkit for Implementation**

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Front cover – planning for development with Government Officials,  
Nuaguda, Odisha

Back cover – digging farm pond under MGNREGS, Nuaguda, Odisha  
addressing hidden hunger, Kusumguda, Odisha

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# Preface

From the days of importing food to holding surplus stocks, India has made tremendous progress in the area of food production. The quantum leap in cereal production witnessed during the period of Green Revolution and the subsequent revolution in milk production are examples of concerted action as a result of synergy between scientific technology and public policy. Underpinning these, lies the role of the vast number of men and women farmers who made these advances possible by adopting the techniques quickly and participating enthusiastically in the endeavour to produce more food. Hence, people's participation is key to the success of any intervention.

Despite the progress made by India in all fronts, the nutritional indicators of the population especially that of women and young children are far from satisfactory. Fortunately there is increasing political will and endeavour by people from all fronts to address the situation. While public policies and systemic interventions are very important in improving the existing situation, participation by people in their own development is key to sustainable improvement in the long run.

The Community Hunger Fighters Programme was designed and implemented as an experimental exercise to put this idea in action. The Koraput district of Odisha, which is an agricultural heritage site, rich in natural wealth and diversity, yet high on poverty and undernutrition was the natural choice for the project. The Community representatives selected by the villages were trained in nutrition literacy, macro and micro nutrient deficiencies, methods of nutritional assessment and the role of clean drinking water and sanitation in maintaining good health. They were also oriented to the various schemes and programmes of the Government of India as well as being sensitized about the critical life cycle period of the first thousand days.

The experiences gained during the implementation of this action education project and its usefulness in sensitizing people about their condition and helping them to critically reflect and move forward, enabled us to produce this tool kit. I hope that this will lead to many such initiatives in future.

May 2015

A handwritten signature in black ink, appearing to read 'M. S. Swaminathan', written in a cursive style.

M S Swaminathan  
Founder, M S Swaminathan Research Foundation  
Chennai, Tamil Nadu

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# Abbreviations

<b>ASHA</b>	Accredited Social Health Activist
<b>ANM</b>	Auxiliary Nurse Midwife
<b>BDO</b>	Block Development Officer
<b>CHF</b>	Community Hunger Fighter
<b>IEC</b>	Information, Education and Communication
<b>MGNREGS</b>	Mahatma Gandhi National Rural Employment Guarantee Scheme
<b>NGO</b>	Non Governmental Organization
<b>OBC</b>	Other Backward Communities
<b>PRI</b>	Panchayat Raj Institution
<b>RWSS</b>	Rural Water Supply and Sanitation
<b>SC</b>	Scheduled Caste
<b>SHG</b>	Self Help Group
<b>ST</b>	Scheduled Tribe
<b>VSS</b>	Vana Samrakshana Samiti

# Introduction

## Rationale

Good nutritional status of a population is fundamental to improved productivity and sustainable development of a nation. In 2012, the 65<sup>th</sup> World Health Assembly identified 6 global targets namely, 40% reduction in stunting among children under five years of age, 50% reduction in anaemia among women of reproductive age, 30% reduction in low birth weight, no increase in childhood overweight, increase in rate of exclusive breastfeeding in the first six months upto atleast 50% and reduce and maintain childhood wasting to less than 50%. This was part of a comprehensive plan on maternal infant and young child nutrition to be achieved by 2025. However according to the Global Nutrition Report (IFPRI, 2014), little progress is being made in declining rates for anaemia, low birth weight and wasting in children under age five and about 2 – 3 billion people in the world are still malnourished.

As for India, the nutrition indicators remained dismal for a long time despite progress in the education, health, poverty reduction and economic fronts with 47.9% of children under five remaining stunted in 2005–2006 (NFHS III) and 20% remaining wasted. Explicit political recognition of the situation came in the wake of the then Prime Minister declaring it as a national shame in 2012. However things seem to be looking up since a Government of India Rapid Survey on Children in 29 states in India in 2013–2014 (opcit) shows a 10% reduction in stunting levels and 5% reduction in wasting levels.

Maharashtra has shown reduction in child stunting levels from 36.5% to 24% between 2005 and 2012. A number of factors have played a synergistic role in this achievement. There was high political commitment through a State Nutrition Mission and the rate of economic growth and poverty reduction was better than the all India average. A Public Distribution System with relatively less leakage, improvement in female education rates, decision making powers of women, improvement in age of mothers at first birth, improvement

in ante natal visits and child feeding practices are some. This improvement was achieved over a period of 10 years with sustained effort and commitment from the State and civil society. Maharashtra's achievement, sets an example for other States on improving the nutrition scenario through investments in public policies, programme implementation and administrative reforms.

While this is one side of the coin, the other side is that of people's participation, their utilization and perceptions of these services, how their lives were touched by such initiatives, whether it helped them to think critically and reflect on their conditions of hunger and consequent undernutrition and poor health and take appropriate actions to improve the same. This is because no matter how powerful the political will or the efforts, without the participation by the larger community the intended goals can neither be achieved to the fullest, nor accelerated.

It was in this context, that the Community Hunger Fighters Programme was undertaken by M S Swaminathan Research Foundation (MSSRF) as an experimental exercise to facilitate social mobilization for addressing undernutrition. The objective was to develop a methodology and materials for capacity building of communities in achieving nutrition security and freedom from hunger which can be implemented across Odisha and also tested and refined in other areas. The experiences gained during its implementation led to the development of this toolkit and it is hoped that further such initiatives in the future will lead to its refinement. A companion kit contains three residential training modules outlining the sessions on the basic concepts of food and nutrition security, social realities of class, caste and gender and their influence on the nutritional status and goal setting for moving forward. It is hoped that this will spark further initiatives which will combine both peoples' processes as well as policy initiatives, programme implementation and administrative reforms by the State.

## Geographic location

The M S Swaminathan Research Foundation, has been engaged in participatory research with tribal communities in Koraput district of Odisha State in India since 1998 for improving their livelihood conditions to enable them to achieve food security. Odisha ranks 22<sup>nd</sup> of 23 states in the National Human Development Index (2011). The Tendulkar Committee estimated the

poverty head count ratio in Odisha as 50.5 percent in 2009/10 with a decline in poverty levels at 0.78 percentage points per annum (GOO, 2011–12).

**Koraput**, situated in the Southwestern part of Odisha, is considered highly underdeveloped. With a population size of 13,79,647, The Scheduled Tribe form about 50.56% of the total population and 57.45% of the rural population, respectively. The Scheduled caste form about 14% of the rural as well as total population (Census, 2011). While being endowed with rich bio diversity Koraput nevertheless lags behind on several other socio economic and nutritional parameters. According to an NSSO Survey of six most insecure districts from six states in India (WFP and IHD, 2008) of which Koraput was one, it was found that Koraput was the **most food insecure** with the lowest per-capita calorie intake of 1559 Kcal/day, and the lowest per-capita protein intake of 36gms/day as against more than 52 gm/day for the five districts. The Hungama Survey by Naandi Foundation (2012) found that nearly 55% of children below five years of age were underweight, while 70% were stunted, indicating prolonged periods of inadequate food intake.

The site office of MSSRF, the Centre for Biju Patnaik Medicinal Garden and Research Centre (BPMGRC), situated in Jeypore sub division of Koraput district, has been implementing several interventions for livelihood enhancement, some of which are natural resource management, alleviation of poverty and malnutrition and in leveraging nutrition in agriculture, in Kundra and Boipariguda blocks of Koraput, with the ultimate goal of enabling households to achieve food and nutrition security. It has facilitated a women farmers' collective known as *Mahila Kisan Sashaktikaran Pariyojana* (MKSP) for their empowerment through capacity building in agricultural operations, in addition to organizing and promoting producer groups for improving marketing opportunities for the primary producers of agricultural commodities. Besides these technical inputs, people centred human resource development towards addressing undernutrition was identified as a major thrust area of action.

The Community Hunger Fighters Programme, was implemented in twelve hamlets and six revenue villages in Kundra and Biopariguda blocks of Koraput district of Odisha (Annexure) that had any one or more of the interventions of MSSRF. The communities which partnered this exercise, were settled agriculturists with nearly 80% having land, majority of whom were small and marginal farmers with landholding between < 2 to 5 acres. It was designed for a population which though largely poor and chronically

undernourished was nevertheless stable, though setback to livelihood activities frequently occurred due to natural calamities

## Principles and approach of the Programme

**People's participation** in their own development is key to this approach. The question on how to bring in peoples' participation and the approach to be adopted was arrived at after a series of discussions within the Institution, when it was felt that **facilitating critical reflection** and a desire for change on the part of the implementers as well as the participants was the central concept.

### *Critical reflection*

The term as well as the concept and **principles of critical reflection** were pioneered and practised successfully by Paulo Freire, the Brazilian educator, in the early sixties. Freire made a number of theoretical innovations that had an impact on educational practice. He developed a literacy method in which he brought in a discussion of the reality within the classroom, while teaching non literate peasants to read and write, such that they looked for alternatives to change the reality. The principles he propounded were

- Education is a critical understanding of reality
- It means informed action for changing the existing reality linked to certain values
- It involves training those who will make this change
- Education is dialogue.

According to **Freire** critical understanding of reality is not merely an intellectual act, but a practical collective process involving different kinds of knowledge : consciousness, feeling, desire, will and physicality, such that both learners and teachers through dialogical experiences, develop new knowledge. In short, whoever teaches learns and whoever learns teaches. Termed as 'conscientization' the concept refers to a process of enhanced consciousness that has the power to change (Carrillo, 2007)

Formal education teaches the subject, but does not explore the connection with the social problems. On the other hand, a critical reflection process that involves an analysis of the existing situation gets linked to a transformative social practice, enabling people to change their realities and write their own history. Freire argues for the 'pedagogy of hope' since it is

hope that enables people to take action and helps overcome the feeling of fatalism, conformism and disillusionment. The belief that nothing can be done has to be countered with the right to dream that a different world is possible. This was a key factor in the success of his methods. **Dialogue** in itself is a co-operative activity involving respect. It is not one person acting on another but people working with each other. The process is important since it is a way of enhancing the community and building social capital.

Such an approach implies that the practitioners adopt and empower themselves with learning methodologies that will encourage critical reflection by the participants, facilitate dialogue and help them decide on what changes they want to make in their own lives and how they would like to do it. In the process the practitioners also enhance their own knowledge, gain newer perspectives and see connections that they were not aware of before.

In the residential training programme for the Community Hunger Fighters, a variety of activities were used to stimulate critical thinking and dialogue. Generally all of us are familiar with our own experiences and helping participants who are non-literates to express their experiences and involve themselves in meaningful dialogue meant presenting relevant pictures and video spots as discussion starters. Participants used pictures of food groups to analyse their daily diets, what they ate once in a fortnight and what they ate occasionally. They started relating aspects of their life and the values they held that had a bearing on their food habits. They reflected on the fact that they hardly ate on time. They were usually immersed in their work and halted to eat whenever they chose to do so, especially during the peak agricultural seasons when they were very busy. They also thought that while they produced food, they sold all the good quality ones, and ate only the lower grade quality.

This exercise helped them realize that that they gave greater priority to economic considerations than health, while both are equally important. The reflection process took them beyond food to non food factors that affected health. They felt that chewing of *gutka* should be given up. The programme personnel who had so far considered local availability of food to be the major determinant of food intake,

learnt that the day to day lives of people and their priorities in life also played a key role in influencing food intake. Besides availability of food, paying attention to the act of eating was equally important.

Another method used was role play. Role plays help bring aspects of daily life into focus and enable participants to deliberate on personal and social values, conflicts faced and handled and alternate ways that may be adopted. Members were requested to enact a role play on a planning meeting for village development. They depicted the inordinate delay for people to assemble while the *Panchayat* members waited. They showed some who came only to have their names included in the housing scheme and left soon after. The upper caste people were occupying the front positions. A drunken person from the lowest caste started abusing the upper caste persons for taking away all the privileges. In the discussion that followed, participants discussed the need for participating in village discussions and taking responsibility for their own development. Drunken abuse was described as a convenient method to point out social evils, since nobody paid attention to what the drunkards said and hence there was usually no negative backlash.

It was then highlighted that it would not be taken seriously either, which meant that it failed to sensitize those concerned. There was a need to address the issue of inequality in a sober but non personal manner without any personalized attacks. Members went on to form messages about equality of all people, which they said they would spread through singing or while in groups. This helped the marginalized people to gain courage to raise the issue.

In Lachanaguda, the *anganwadi* repair work was bagged by two *Dalit* youths in competition with two OBC candidates, which created some bitterness between the two groups. When the solar water pumps were sanctioned and were to be installed, one was put up in the OBC street. When the other was to be installed nearer to the *Harijan* street, objection was raised by the two OBC persons. After a prolonged struggle, which the *Dalits* never gave up, the solar pumps got installed near the *Harijan* street.

The effectiveness of these activities to help people to analyse and discuss the current realities depend on the subsequent discussions that follow. The facilitators besides having skills in steering the group discussion, should help the group members analyse the various perspectives and ponder over the value systems and attitudes that they represent. The discussion initiated through a series of questions on the issues portrayed, helps participants to reflect upon and question their own stand, reaffirm or reconsider existing attitudes and provides the stimulus to think of alternatives.

## The Community Hunger Fighters

In empowering communities to move towards freedom from hunger and undernutrition, every community, takes responsibilities to select its own people on whom it has faith and trust, whose capacities are built and who while personally gaining from the participation, will in turn share the experiences and learning with their own people. All communities, whether uniethnic or consisting of several castes, consist of many smaller groups with their own dynamics of interaction and hence one or two individuals may not be able to represent the heterogeneity. In the Programme, five people, atleast two of whom were women, were selected. The number five as in *Panchayat* is understood across India and one with which people easily connect with.

### ***Who are the Community Hunger Fighters ?***

The Community Hunger Fighters are men and women, selected by their own community, who are the trailblazers in leading themselves and their communities towards freedom from hunger and undernutrition. Each community selects five persons, atleast two of whom are women. If the community has more than one caste group co existing with each other, then they need to be represented. These men and women are empowered to critically analyse and reflect on their own situation of poverty, food and nutrient inadequacy. They are helped to identify ways for moving towards ensuring good nutrition. In such endeavours they also involve their fellow community members with whom they share their learning and take them along with them, since they are helped to realize that they are part of a larger whole and individual well being is linked with collective well being.



## Content of the Programme

The following themes were introduced and discussed as part of capacity building.

### I Concept of Food Security

1. Availability of food which is a function of production / distribution.
2. Access to food which is a function of purchasing power and utilization of food based schemes and entitlements.
3. Absorption of food in the body which is a function of access to clean drinking water, sanitation, toilets, primary health care.

### II Concept of Nutrition Security

- A. Concept of health and nutritional status and one's own understanding of health.
- B. Assessment of one's own nutritional status through techniques such as anthropometry, biochemical and clinical assessment and how they are used in interpreting a person's nutritional status.
- C. Balanced diet and dietary diversity, macro nutrients such as Calories and Protein, their role in growth and physical stature, inadequate food consumption leading to undernutrition.
- D. Micro nutrients such as Vitamins and Minerals, their role in maintaining body functions, deprivation leading to hidden hunger.

### III The critical life cycle period from conception to three years.

IV Schemes and entitlements pertaining to food and security with specific reference to small and marginal farmers, women, children and tribal population and their utilization.

V Critical reflection of social causes of undernutrition such as class, caste and gender dimensions and their relation to undernutrition with specific reference to women, young children and marginalized people.

VI Integration of nutrition concerns in agriculture and planning for a hunger free household and community.

# Conceptual framework

## Concept of people centred development

People centred action implies intervention into the development processes of people themselves, be it individuals, groups, organizations or communities. It is working along with people in a facilitative manner, so that they may enlarge themselves and gain capacity to exert authority over their own lives and future. In this approach the practitioners hold 'Responsibility' as the key element and are able to understand the situation correctly. They experience change as neither linear, nor predictable, nor short term, not exclusively rational nor devoid of unintended consequences (CDRA,'98-'99).

In 1982, the then Chief Minister of Tamil Nadu State in India, declared in the State Assembly that it was the responsibility of the State to provide noon meal to school children to prevent them from coming to the classroom hungry. Himself a victim of hunger as a school going child he could clearly see that a hungry stomach would not enable the mind to focus on classroom activities. Initially greeted with scepticism the programme was a success and is now a National Programme implemented all over India.

Every intervention is embedded in a vast systemic and complex framework, which are beyond the grasp, but whose connections become clearer in due course to enable addressing issues in a holistic manner (ibid). In the early sixties, adequate food production and poverty were thought of as the major obstacles to India's food security and health of the population. Efforts to step up food production and poverty alleviation

resulted in a decline in florid signs of undernutrition and a doubling of life expectancy by the end of the twentieth century. Nevertheless the higher percentage of low birth weight infants in India and in other South East Asian countries as compared to poorer nations in the Sub Saharan region, highlighted the fact that gender discrimination in these regions was a major factor in inadequate care of mothers leading to low birth weights of children (Ramalingaswami et al, 1997).

This gave rise to the understanding that while enhanced food production and poverty alleviation were necessary for food security, social dimensions also played a role in influencing nutritional status and needed to be addressed. Subsequent Governments at both the Central and State levels have initiated several policy measures and schemes for gender neutrality such as equal wages under MGNREGS, issue of ration cards in the name of the eldest woman in the family and maternity benefits.

Gradually the link between safe drinking water and safe disposal of human waste in reducing attacks of diarrhoea and its impact on child growth were understood. Hence the concept of food security got enlarged into the concept of nutrition security which besides food, integrated other non food factors as well.

## **The process of people – centred development**

### ***Building a relationship***

The manner in which the relationship between the project personnel and the community members is initiated, nurtured and strengthened is the most important aspect of the efficacy of the programme. Central to such a relationship is human warmth, integrity, a genuine empathy for people fostered by trust and integrity. In situations of change, of ambiguity and uncertainty, trust in the person who is facilitating such change is fundamental. Honesty, confidentiality and openness of the project personnel are vital to generate such a trust. It breaks barriers, dissolves rigidity, and enables people to regain a sense of their worth. If project personnel do not consider the warmth of human relationship as a pre-requisite for success then they serve merely as technicians and not as development facilitators (opcit).

Relationship building is a continuous process and should not be seen as mere performance of a set of pre decided activities. While a checklist may be prepared of activities that are identified as being necessary, it should not be restricted to these alone. There should be a seamless natural flow of action one arising from the other, which helps the people to move forward as well as strengthen the relationship. In fact new actions not envisaged before, may emerge and both the project staff as well as the communities will have to engage in these actions to move forward. Relationship building extends beyond that of the project personnel and the community and may bring in other stakeholders as the world of the participants expand beyond the village, when they recognize that conditions of their lives are affected by the social, economic and administrative structures.

After undergoing the second residential module of training on entitlements, following which all households were provided with a pictorial card outlining the key entitlements, many of the CHF's and people from the community, requested the project staff to accompany them to the BDO's office for the first time. Since majority were non literates, they required help in filling up forms. They were always available to the CHF's and other villages whenever they needed counsel, either over phone or in person and soon became a familiar figure in the villages.

The project personnel organized an event to honour the CHF's, with the Collector and other Government functionaries. The Collector suggested that all the 18 villages prepare a comprehensive action plan for the elimination of hunger and present it in the next meeting in a month's time. He identified several Government departments to network, with the Secretary of Tribal Department as the nodal person in charge of overseeing the implementation. Subsequently two more inter-faces were organized, before the submissions. The CHF's went

to the collector's office for meetings and subsequently to the Block Office for follow up of submitted applications. They started interacting and engaging with Government officials in various departments.

### ***Capacity building through action and reflection***

The process is about enlarging the capacity of people through self understanding and rendering what is unconscious, conscious. People are helped to understand and accept current reality so that they are able to own and take responsibility for their own reality as the means of moving beyond. This step of the process has two aspects

**Achieving acceptance:** In this process the members are helped to go further to form an insightful honest picture of themselves and this includes the project personnel also. Only when the acceptance is achieved, can work proceed to change the situation. This process takes time and is a continuous one. Different types of events would have to be organized and the same concept may have to be reinforced in several ways and more than once to address attitudes and value systems that are deeply ingrained. It is also likely that they will come to value some of their own strengths which they would not like to loose.

CHF's felt that sensitizing communities about caste and gender issues was most difficult since they were powerfully pervasive and difficult to challenge from 'within'. They had gone through a process of critical reflection in the residential training by participating in various activities. How could they facilitate such a process with the community? Unlike concepts such as dietary diversity or safe drinking water, these were abstract, intangible and so much part of everyday life that some of them met with ridicule, indifference or stiff resistance especially from elderly male members. It was then

decided to organize street theatres in the villages on specific themes. Street theatre is a powerful medium, for raising critical thinking and questions in the minds of viewers about existing social order and the value system embedded in daily life. Music and dance are very much part of the life of tribal and rural communities, who will drop everything and become attentive when a play is enacted. Two plays were evolved in a workshop with street theatre artists, one on women's multiple work roles, their low social status and impact on health and the other on factors impeding optimal Infant and Young Child Feeding Practices.

**Resolving the future:** Here the members are helped through resultant change processes. This is the most difficult point of any development intervention: the change process itself, the conscious choosing of a new way of being, new aims, sometimes radically revised strategies, new ways of working and patterns of relating, new attitudes, capacities and stances towards the outside world.

In the second module of residential training, the Community Hunger Fighters were introduced to the critical periods of the life cycle, the first three years of life and the importance of feeding practices. There was an indepth discussion on how the issue of child feeding was considered a female activity and the difficulties mothers had in combining feeding with their various other activities often resulting in unsatisfactory practices leading to undernutrition in young children. The role of the *anganwadi* in playing a key role in supporting child feeding was discussed. This was followed by an analysis of how developmental priorities were set by communities and who played what roles. Participants agreed that village meetings were male dominated with little opportunity for women to speak. The needs of women and children were rarely addressed.

In Lachanaguda, where there was no *anganwadi* centre, the CHF's decided to sensitize their fellow villagers about the need to demand for a centre in their villages. Since the male CHF's felt that they would be ridiculed if they spoke about children, they invited the women CHF's to speak about the importance and role of an *anganwadi*, in the village meeting. The women CHF's had already discussed the issue in the SHGs and had encouraged other women to attend the village meeting. Women attended in good strength. Women CHF's addressed the meeting, many women participated and spoke and a resolution was passed in the village to demand for an *anganwadi*. Subsequently, the men in the village followed up on the status of entitlements at the Block office and persisted till the centre was sanctioned. When building construction started, they supervised the operations, fought with the contractor when sub standard materials were used and got them replaced and upon completion, organized an inauguration. In this instance, the stereotyped perception of childcare being the domain of women was ingeniously deconstructed by the CHF's.

## **Documentation**

Observation is the keynote. The staff in charge of the project will have to reside in or very close to the project area to be able to participate in and document the change process. Observation may take many forms – it includes listening, seeing, questioning and analysis. The objective is not to break the whole down to component parts, but to use the observation of the parts to build a picture of the whole. It is the intangible, the invisible, the relationships between parts, the underlying connections and meanings, which are being sought. The power of deep listening, combined with acute and sensitive questioning and intuitive observation in a relationship bounded by confidentiality and trust helps to bring people to greater clarity.

Cherkaput hamlet, had four streets – Pangi street, in which the OBC caste lived, Sukri street which consisted of both OBCs and STs, Nuaguda street with only ST households and Indira Awaz colony street, consisting of only landless SCs who were external settlers. The latter had managed to get houses built through the *Indira Awaz Yojana* and hence the name. They were never considered by others as being part of the village community. Initially the village did not have proper road and Pangi street got the road first. After that all government facilities went there. When officials came they went only to Pangi street to talk to the people. The primary school and the community hall built with support from the forest department and the village temple were located there. The village development committee had a higher representation from this street and there were constant conflicts between households of the different streets. Village meetings were always held in the community hall.

Each street was represented by one or two CHFs. After the second module of residential training which discussed village conflicts and how they affected development, the CHFs took efforts to organize a meeting with members from all the streets, with the individual CHFs from each of the streets motivating their neighbours to attend. For the first time a common meeting was held in the community hall with members from all streets attending. However the Pangi street people said it was not useful for them since they had all the facilities and walked out. The CHFs of this street were also forced to leave. In the next meeting, no one from this street came and the CHFs, who were afraid to join the group for fear of rebuke by their street people, sat under a Banyan tree and observed the proceedings. In the next meeting held to develop the zero hunger action plan, all the streets participated. However the Pangi street people did not speak up. Nevertheless the other villagers and CHFs included the requirements of the people of this street into the plan. Gradually



people started coming together to discuss the submitted plans and the follow up action to be taken. At the initiation of the CHF's the village development committee was reorganized with representation from all the streets. They collected money to the tune of Rs 3000/- with contribution of all households for the village development fund, for the first time.

# Implementation

The experiences gained in implementing a people centred programme underlining undernutrition could provide some useful guidelines for those interested in taking up such projects.

## Selection of villages

In case the implementing agency chooses to work in an entirely new area, preliminary selection of villages/hamlets could be made using secondary data, the advantage being, those with a higher proportion of marginalized communities may be purposively selected as an inclusion strategy. Some villages / hamlets could be very small with just 10 or 20 households and they may not lend five people to be selected. In such cases, the hamlet and its revenue village may be taken together as one unit, if they are close by and one or two CHF's can come from the smaller hamlets. About fifty households in a hamlet enables five members to be selected. As far as possible if all the villages are selected from the same Panchayat, it would be advantageous for the participants to have power of scale while dealing with governance mechanisms. If the project is to be implemented in an area where the Institution is already engaged, then the criteria of having both men and women and various caste groups can be facilitated.

Banuaguda, Bhatiguda, Lachnaguda, Majghiguda and Disariguda belonged to the Banuaguda Panchayat. Ramachandra Paroja of Banuaguda and Motilal Harijan of Bhatiguda, became friends during the CHF residential training. When the Panchayat elections were announced, they campaigned for a lady candidate and worked towards defeating the sitting President, since they felt that the latter was corrupt.

## Selection of project personnel

The presence of staff right from the early stage is crucial. Besides orienting the staff to the programme, it is important that they start with relationship building right away. More than academic qualification, experience in developmental work with empathy for people, enthusiasm and openness to learning, a willingness to live closely to or amongst the people and to be available to help people whenever needed is important. Owning a vehicle and having a driver's licence are added advantages.

## Initiating Relationship and working together

In facilitating the programme in a new area, the relationship should be for mutual understanding and working together to achieve the goal of zero hunger. Initially, the traditional leaders, elders, elected leaders and SHG leaders could be approached to brief them about the Institution, its mission and why and how it proposes to engage with people. It is important that credibility and trust are built. Some evidence of having worked in other areas, if any, such as a film or video spot, might be useful. One can also approach the villagers informally through mutually known credible sources and with the senior members of the Institution. Relationship building is a continuous process.

There are two aspects to relationship building – one is to build a friendship based on mutual trust and faith with warmth of human appreciation. The other is to understand each other, the principles and values that both parties stand for and the mutual expectations to be had from one another. Every village has its own power structure and dynamics of human relationship and this must be understood. If the project personnel do not belong to the area, talking to several people such as traditional leaders, *anganwadi* worker, school teachers, men and women of the village will give a lot of insight into peoples' lives, besides one's own personal observations. In the same way people will be curious about the background and personal life of the programme personnel. The staff, even if they do not belong to the community, are not outsiders at all, they are very much part of the whole process and are equally affected. Relationships have to be facilitated with warmth, tact, trust and with faith and respect for people. Any conflict or difference of opinion, should be resolved in the peoples' assembly. There should always be scope for open communication and clarification.

The two staff members who were based in the field took part in many of the local festivals of the people and contributed to the festival fund. They played cricket with the village cricket teams. When some of the CHFs, especially women SHG members, needed support in explaining to their fellow villagers about entitlements, the staff went to the meetings and facilitated them. Some of the CHFs were 'new' leaders or non literates and were afraid of facing Government officials alone. They requested the project staff to accompany them when they went to meet the officials for the first time and the staff obliged them. They also facilitated some of the Government functionaries to come to the village to address the people. In one hamlet, one of the field staff was allowed to observe the transactions of an SHG meeting, a privilege, hitherto, not even given to other fellow villagers and this was an indicator of trust.

In one village, the traditional leader felt threatened with the emerging relationship between the staff and the people. The concerned staff member after every visit, would visit the traditional leader's house, sit with him and explain all that had transpired and gradually won over his trust. The two field staff were males belonging to the upper caste. They were constantly observed by the community as to what position they took. The staff members would visit the houses of all CHFs and drink water or eat food and demonstrated their neutrality. With those upper caste CHFs whom they knew had reservations about their neutrality, they were friendly and polite but firm in their actions. Sometimes they were tactful in not revealing that they had eaten or drunk elsewhere.

In the residential training programme of the CHFs, the project personnel including the team leader stayed along with the participants in the dormitories sharing the same facilities. Dancing, singing and sometimes chatting until dawn among the participants and with the project personnel helped foster good relationship. Personal experiences, joys and worries were shared and more insights gained about each others' lives. One of the women participants was deeply worried that her daughter

who was only fifteen years old had got married against everyone's wishes and was in family way. She felt that the pregnancy might harm both the mother and child. She wanted her daughter to terminate the pregnancy and wait for a few years before conceiving. The project personnel helped her to discuss the issue with her daughter and in-laws to arrive at a decision, after which details of whom she may approach for counselling and safe termination were enquired and suggested.

During the course of the residential training one of the participants raised the issue of loss of wage labour while attending training, which posed a hardship to her family. Some CHF's suggested monthly remuneration. A meeting was convened in the villages and the issue discussed. It was decided that compensation over the loss of wage labour for the 'training days' could be provided, since otherwise landless people who depended on wage labour would not be able to participate. However people rejected monthly remuneration since they felt that it was not a livelihood activity and the CHF's themselves benefitted through participation. Further except for the residential training other villagers were also participating in village development activities such as going to the *Panchayat* office or Block office for follow up of entitlements. In several hamlets people were also meeting in small groups to discuss village development issues and conveying it to the CHF's.

## Nutritional Status Assessment of the Community

Any action related to people themselves, in this case, their nutritional status spontaneously draw people into the discussion, as it concerns their own status of nutrition. Nutritional status assessment is an important exercise in making undernutrition visible to the community. Hunger and ill health are well perceived while that of nutrition is comparatively less understood because there is no outward manifestation of undernutrition, except in severe cases when there are florid signs such as marasmus, or

goitre. Even then they could be attributed as being medical conditions. Nutritional status assessment of the community helps people understand that something could be inadequate in their well being while being 'normal'. While nutritional assessment can be carried out for all, it is especially important for pregnant and lactating mothers, adolescent girls and children upto three years. It gives concrete proof of the fact that those with lower social status, such as women, children and lower castes are more undernourished than others. People are helped to realize that discriminative treatment leads to poor nutritional status of those marginalized. It also sensitizes them to take stock of their food habits and convinces them about the need for action to tackle the scenario. People start to identify all that they can do to improve their nutritional status. The process stimulates greater participation in utilizing the Government health and nutrition services. It can be a bench mark by which a community assesses its own progress over a period of time.

Nutritional assessment can be done at the very beginning or after the first module of residential training. If done at the beginning especially if it is a 'new' community, it helps in building trust and credibility about the intent of the project personnel. If it is a 'known' community it can even be done after the first module. In the first module, the nutritional status assessment of the participants is undertaken by anthropometric and biochemical methods and the daily diets are also discussed. A village assessment soon after this exercise when the participants would have shared the information regarding nutritional literacy, ushers in the full fledged support of the villagers and ensures that most households participate in the assessment. The involvement of the ASHAs, ANM, *anganwadi* worker and school teachers is important for coordination and further follow up action.

Within two days of assessment the results should be shared with the community. The severely undernourished children should be referred to the nearest nutrition rehabilitation centres with the help of the *anganwadi* worker, pregnant mothers referred to the Public Health Centre through the ASHA or ANM. This helps the community to get started in identifying priorities and start utilizing the existing services and plan for utilization of other related entitlements as well as augmenting household food security through agricultural planning.

In Banuaguda, Bhatiguda, Lachnaguda, Disriguda and Majghiguda, after the nutritional status results were shared, the ANM reported a sudden demand and crowding for immunization in the *anganwadis*, by pregnant mothers and young children accompanied in several cases by husbands and fathers, during *Mamata Diwas*. In Nuaguda, Gunthaguda and Bolliguda, immunization for young children became 100% from near zero, with no default even for booster shots.

In Kharaguda, the *anganwadi* was run in the building of the VSS. Cooking was done in the open, there was no weighing scale and growth monitoring of children was hampered. Landed people did not send their children to the *anganwadi*, since there was no proper building. A village meeting (*palli saba*) was held in which practically all households participated and the demand for an *anganwadi* was placed. With persistent follow up by CHFs and villagers the *anganwadi* was sanctioned and built. Weighing machine was provided and growth monitoring of children started regularly. All children in the village attend the centre and avail of facilities.

Kamala Pujari, of Bhejagud village, after undergoing the residential training, started taking more efforts to keep her surrounding clean. Her house stood in the open and she fenced it to prevent hens and animals from entering.

## Selection of Community Hunger Fighters by the community

Five persons are selected by each village, to undergo the capacity building experiences. It is suggested that atleast two women and the major castes are represented. Atleast 80% of all households and caste groups, should participate in the meeting when selections are made. Selection should be held at a convenient time and place for women and daily wage earners to participate. Sometimes, the selections do not go as planned. In some villages, the men said that they had already participated in many agricultural trainings, conducted by the Government, by MSSRF and by other NGOs and it was better that women took their place. In Gunthaguda, they felt

that the issue of food and eating was a ‘woman’s subject’ and hence of the five selected persons, four were women. In two villages only one woman could be selected since the families of other women did not give permission. The staff who may participate as observers in the selection process, should not seek to interfere with the decision making, but document the perceptions and processes that went into the selection so that they may be suitably addressed during the course of the intervention. Capacity building is a continuous process and it may not be possible for the selected people to participate in all planned activities. In such cases substitutes are encouraged, but as far as possible the replacement should not affect the gender and social composition of the group, rather seek to balance it.

In the 18 settlements in which the project was implemented in Koraput district of Odisha, the following criteria were used by the villages to select their representatives

- In case of men, acknowledged leader, socially active, effective communicator, helpful, smart.
- In case of women, along with the above, someone who was ‘free’ with older children and willingness of the family to allow her to participate
- Forty percent of the CHFs were women. However except for exposure visits, in all other trainings participation of men and women were equal at 50% each.
- Forty seven percent of the CHFs belonged to ST, 16% were SCs and 36% were OBCs. One percent belonged to forward community. This was consistent with the overall composition of the population in the study sites.
- In all trainings, participants were encouraged to identify ways and means of sharing the information with the ‘absentee’ CHFs.
- Fourteen events were organized during the three year period of the intervention. While 90 CHFs from the 18 intervention sites had been originally selected a total of 154 persons had participated in atleast any one of the planned exercises.
- For the exposure visit to water and sanitation project, some of the CHFs felt that it was their ward members who needed



sensitization and suggested that they take their place. This was accepted by those implementing the programme.

- New and 'first time' leaders emerged over the existing leaders. Saniya Hantal, a male CHF from Atalguda village, was a 'replacement' CHF. He was very shy in the beginning and would only observe but not speak. However he became so interested, that he participated in 12 out of the 14 events organized. At first, he needed the support of the staff in sharing information with others in the village. He was helped to share information in small groups and gradually gained confidence to speak in larger meetings.

## Capacity Building

The goal of the programme is overall human resource development of an entire community to move towards freedom from hunger and undernutrition, through engaging with selected individuals, who by transforming themselves also help their communities to move forward. With initial trigger activities to start the critical reflection process, the participants move forward with actions of their own. In the process they identify further areas in which they require inputs, which would have to be addressed. Thus they move from one stage to another, gaining newer skills, competencies and perspectives that help them to gradually gain control over their lives and to reach the goal of freedom from hunger and undernutrition. In the Community Hunger Fighters Programme three residential training modules of two and a half days each, were implemented within an interval of twenty days to one month, between one module and the other, to initiate the process of critical reflection and analysis on issues of food and nutrition security.

The purpose of a residential programme is to create an experience of living together, talk to each other, get to know one another and discuss community issues. Within a village, men, women and the various caste groups have defined social spaces and are bound by conventional social norms while interacting with each other. In a residential programme participants have freedom of interaction, an opportunity to listen to and voice views and to plan collectively.

Adequate preparation is needed prior to starting the programme. The dates of the residential training have to be decided in consultation with

the community. As far as possible, the dates should be fixed in such a way that the specific modules, coincide with the appropriate periods in their life (eg) in the first module participants are encouraged to do agricultural planning integrating nutrition concerns. It would be useful for the participants if this module is implemented prior to the agricultural season. Women with young children (above the age of two) may be encouraged to participate by bringing an attender and extra budgetary provision for food and lodging should be made. It is desirable to provide age specific play materials.

Once the dates are set, the training materials needed for the various sessions should be kept ready. It is important to get experienced resource persons to handle the sessions. It would be ideal if a resource person with the technical competency over the subject matter along with experience in developmental training is identified. Otherwise there may have to be more than one trainer to handle sessions.

The menu of the participants should be planned carefully, taking into consideration their food habits while adhering to the concept of a balanced diet. The day's menu should include four to five food groups. Food suitable to the palate of children should be provided in a timely manner. First aid kit and the contact number of a doctor who is willing to come at any time should be noted.

### ***First Module - basic concepts of food and nutrition security***

The first module deals with concepts of balanced diet, nutrients available from the diet, deficiencies arising due to lack of nutrients and helps participants to understand the various techniques used in nutritional status assessment such as anthropometry, clinical and biochemical. Through analysing their own daily dietary practices, the participants are helped to understand the concepts of a balanced diet. Discussion on the sources and quality of water, sanitary practices and its relation to health and nutrition is also included.

### ***Second Module – Social causes of undernutrition, Entitlements, Critical life cycle period***

The various key entitlements and schemes of the Government are presented. Entitlement cards listing the key schemes applicable to the local

population are provided. Every household should be provided with these cards to enable them to identify the ones that they can apply for. Participants are introduced to the important life cycle period of pregnancy and the first three years, the critical role of care and feeding of women and young children. They are encouraged to discuss existing practices, the rationale behind these practices, challenges faced by mothers and children, discriminatory practices if any in the care of boys and girls and ways of mitigating them. Government functionaries such as the BDO and or the ICDS co-ordinator can be invited as resource persons to discuss schemes and interact with participants over their implementation.

At the end of both the modules, participants identify key messages on various themes such as dietary diversity, safe drinking water, sanitation, cleanliness, feeding of young children and social issues. They are encouraged to spread these messages within their own family and with their friends and others in the villages. They are also encouraged to share and discuss the IEC materials. This is very important since by so doing, the participants will be sensitizing their community members to the various concepts and issues that they had discussed during the training and helping them to move towards nutrition security initiatives. When the participants assemble for the next module, they share their experiences in spreading these messages, how they reached out to people and the reactions of the community members. This helps them to learn from each other. They also talk about changes in their own lives as a result of participating in the training.

Some of the messages identified by the CHF's as important to take to the community as a whole for improving their nutritional status in day to day life

- Eating rice, dhal, vegetables, meat, egg, greens and fruits everyday will keep the body healthy.
- In spite of our hectic day to day chores, we should eat three times a day and on time.
- We will not excrete in the open.
- We will have toilets in every home.
- Then we will be healthy and diseases will be at bay.

Songs written and sung by CHFs.

Listen to me all brothers and sisters, will try and make you understand.  
Don't dirty the area around the tube well.  
Keep it neat and clean.  
And be free of diseases.

Come together all mothers and fathers, come together all brothers and sisters.

We will all go and sit together at the *pallisabha*.

We will all go and sit together at the *pallisabha*.

We will go and inform all the elders of our village.

We shall try and implement all the *yojana* as per the needs of the households.

There will be no barriers, no rich and poor.

All of us shall sit together and work for the welfare of our village.

After the residential training, the CHFs shared the knowledge of the training in many ways. All of them had discussed their learnings with their family members. While women sang the messages that had been set to music in the fields and in the SHG meetings, men discussed about the training in the tea shops. Some had convened meetings. Some of them had put up IEC materials near the tube well or outside the petty shop in the villages. In several hamlets this created a buzz and CHFs said that people were demanding more information and clarification regarding balanced diet and the means of getting various entitlements. People had started meeting in groups in their streets to discuss the messages and to explore the ways and means of augmenting household food security as well as to demand for entitlements. That there was heightened awareness about nutritional well being was evident through spontaneous initiatives of people as observed by the staff and shared by the participants. Some of the CHFs were highly resourceful in improving food production.

- Women discussed about cleanliness around the tube well area in their SHG meetings and in several hamlets either individually or collectively cleaned the surrounding area. Several villages also took the decision not to litter or wash clothes near the tube wells.
- Dhanraj Sukri, a male CHF from Dumuriguda hamlet, is socially very active, respected and trusted. His wife Pratima Sukri, attended all the village meetings with him. Initially she was only assisting him. But after participating in the discussions she gradually became interested in taking initiatives on her own for improving her family's access to daily dietary diversity, especially vegetables. Earlier the family had leased out their land to others. She discussed with Dhanraj and both of them decided to cultivate their land themselves, so that they could decide on the food crops that they wanted. They cultivated beans, potatoes, tomatoes, papaya and chilli. They also cultivated a high economic crop *kankada*, the hybrid variety of which sold for Rs 30/kg and the wild variety for Rs 120 in the local market in 2013.
- Parvati Sowra, a woman CHF from Pujariput is very interested in self development and attends all meetings in the village. She does not speak much but brings others to the meetings. She had no space for kitchen garden. Her house was being constructed in stages and the foundation had just been built. She started growing vegetables in the foundation since she was not going to initiate construction till next harvest. She also constructed a small bathing room and used the wash water to water the plants.

### ***Third module – Goal setting, vision for self and community and valedictory***

The participants are helped to identify their own goals in community nutritional status improvement, towards which they want to move. They also prioritize various activities that they would like to do to achieve the goal. In this process, they themselves would identify further training needs to equip themselves to move forward. Once further training needs are identified, the training strategies as well as the training calendar for the year can be worked out with the participants. In case there are any people's initiatives for food and nutrition security close to the training area, such that they can visit and come back on the same day it could be arranged. Participants

were encouraged to put up a programme showcasing all that they had learnt during the training on the concluding day. All Government functionaries, *Panchayat Raj* members, and key village leaders were invited. The products that emerged from the training activities of the participants were displayed. The entire programme was conceived, choreographed, compered and conducted by the participants. This not only elevates their social status but also helps them to work together, allocate and share responsibilities and discover their own skills. They were looked at with respect and appreciation by their relatives, friends and Government officials.

### ***Exposure visits and technical inputs***

Once the participants start identifying further needs for capacity building, they can be facilitated in a number of ways one of which is through exposure visits. Exposure trips provide opportunity for the participants to have first hand experience in community actions related to health and nutrition that actually put plans into practice and see them working in their own environment. It can touch them in a variety of ways, especially the responsibilities shared by people in planning, organizing and implementing ideas and in resolving conflicts. Both NGO and Government models can be visited. As far as possible, nearby places should be identified since it would not be possible for women members to leave their homes for longer periods. Technical training for augmenting food production could be organized with support from experts from within and outside the Institution.

Of the fourteen events organized during the course of the three year implementation of the programme, the first three were residential trainings designed by the programme personnel. The rest were all activities based on the demands of CHF's. Six of these were exposure visits. One was to the community based water and sanitation initiative facilitated by the NGO Gram Vikas in tribal and rural areas in Berhampur, Odisha, where the villages were declared as 'without water scarcity and open defecation free'. After coming back from the visit, one of the CHF's remarked 'when other tribals like us wear footwear and use toilets why can't we be like them?' This gave impetus for action.

Another excursion was to an integrated farming activity in Potangi in Koraput, where a farmer was successfully engaged in cultivating his land throughout the year, while maximising production. Lachman Mali, one of the male CHFs of Kusumguda village, saw the farmer growing Chrysanthemums on the borders of agricultural land to ward off the insects and adopted the practise for his own land. He has also started crop rotation with maize, lady's finger, beans, tomato and radish since he learnt that disease of crops is less with crop rotation and there are less pests when there are more crops. However he felt the land pattern in Potangi, enabled cultivation throughout the year, since the rain water would drain away and not stagnate. He said that round the year cultivation was not possible in his land during the rainy season.

There were five technical trainings on various themes of food production, such as pest management, techniques for enhancing vegetable and rice production, value addition to agricultural commodities, seed treatment and post harvest technology. In addition three interfaces with Government functionaries were facilitated as part of preparation of individual village action plan for achieving zero hunger.

## ***Street Theatre***

Street theatre is a powerful medium through which the existing realities can be questioned and a desire for alternatives created. The themes for street theatre can be chosen in consultation with the CHFs or be based on their own observations. It is important to have a workshop with the street theatre artists to discuss the theme, their own attitudes and perspectives which will help in shaping the play. The script of the play should be whetted before it is performed, to avoid reinforcing stereotype images of class, caste and gender, being prescriptive and facilitate sensitive portrayal.

A street theatre highlighting women's multiple work roles, had a song sequence equating women with Goddesses and showing them as all powerful. This was discussed and it was highlighted that there were

both male and female deities and just as men were not being equated with Gods there was no need to equate women with Goddesses either. Women were vulnerable like men and were not super human beings who could accomplish everything, on their own. They had to be portrayed as ordinary mortals who were burdened with multiple work roles for some of which there was no support.

### ***Special training on cell phone utilization for women CHFs as an inclusion strategy***

While the capacity building exercises are designed and implemented for greater inclusion, the utilization of the training may get limited due to the existing social inequalities. Hence special trainings may be organized for some participants to equalize the field for all.

Both men and women CHFs played a key role in spreading messages. Participation of women in *palli sabha* (village meetings) also increased. However with regard to seeking entitlements, the activities of women were limited to the village in supervising the *anganwadis*, while their male counterparts could go out and meet the various Government officers such as the Junior Engineer, Joint Director of Agriculture, Block Development Officer and the Panchayat Executive Officer.

It was decided to train and equip women CHFs in the use of a cell phone for improving their communication with their own families living in other villages and with the outside world. A survey of cell phone utilization showed, that 94% of the owners of cell phones were men with the women in the family getting an opportunity to use only when the men were around. Two cell phones were provided to each settlement and the women CHFs alongwith the SHG leaders were trained in the utilization, with the condition that the ownership lie with the concerned SHGs to which they belonged, but with utilization opportunity for all the women in the village.



## ***Building of skills and competencies***

Once people start engaging in activities to move towards nutrition security, the participants experience gaining of newer skills, competencies and knowledge about themselves and the external world as well as an enhanced awareness which enables them to engage in different ways.

The CHF of Banuaguda, convened a meeting in April 2012 for restarting negotiation with villagers of Kusumguda on digging of borewell for piped water supply, which had to be stalled due to claims of ownership to land and management by both villages. A meeting was organized under the chairmanship of *Sarpanch* in the *Panchayat* office. Villagers from both villages were present. The digging of bore well had started in Kusumguda which was at a lower level than Banuaguda. Villagers of Banuaguda, wanted joint ownership over piped water distribution, since they feared that they may not get adequate water supply. Kusumguda people did not agree. After prolonged argument, the women from both the villages demanded that a solution should be reached quickly and the project completed as summer had started. They were annoyed with the men for politicising the issue and not seeing it as a responsibility and coming to an amicable suggestion. Finally the *Sarpanch* suggested constructing the water tank in the *Panchayat* office campus, and not in any one of the villages. The Junior Engineer said since the campus was at a higher level, another bore well was needed for pumping up the water. The *Sarpanch* assured that the tank and another bore well would be constructed in the *Panchayat* campus and the borewells of both the villages connected to the water tank.

In the above initiative of the people the following elements can be seen

- Collective action by people have emerged and besides CHFs other villagers are also involved in facilitating implementation of entitlements
- Perseverance – they have engaged repeatedly and not given up till they got it

- Negotiation skills - they have interacted, argued and negotiated with Govt functionaries as well as people from other villages
- Conflict resolution – they came together with a mediator and resolved an issue – women played a vital role in preventing it from becoming stale mate.
- Ownership and responsibility – they took up the task of initiating the process and seeing it through responsibly till completion.

### ***Capacity building of the project personnel***

This is an equally important component of the intervention. Usually, training of project personnel focus on orientation to project objectives, expected outcomes and outputs and the necessary action to be taken for the same. While these are important, it is equally vital to focus on the attitudes, perceptions and understanding of the project staff towards their own selves as well as that of the community which they serve, especially in the context when they may hail from a different socio economic and cultural background. Their understanding of the social context in which they serve, has to gradually enlarge along with an accurate reading of how the project may be taken forward to facilitate peoples’ ownership and participation. They also need to be helped to develop the skills of self monitoring and that of the entire group and how they functioned together as a team. The review meetings should be one of sharing of perceptions on whether people had started moving towards zero hunger, the issues faced and ways of resolving them besides administrative matters.

During the course of intervention the project personnel gained deeper insights into the caste moorings of the participants and how they affected their participation in different activities. The Mali sub caste of the OBC community is extremely skilled in vegetable cultivation and if any training on vegetables is decided it is people belonging to this community who sign up first.

In Nuaguda hamlet, which is uniethnic with the ST community of Bhumia, when digging of farm pond was sanctioned

under MGNREGS, the people hired outsiders to do the job since they themselves do not engage in certain types of soil activities. On the other hand the Parojas are very dexterous in all types of soil work making them most 'MGNREGS friendly'.

The programme personnel who implemented the project were distributed over three locations. The conceptual team was based at Chennai with periodic visit to the field for support. The team leader at the managerial level was based at the site office and the field team was based in the villages. To build harmony, team work, meaningful exchange of information and better communication three modules of training on team functioning and professional excellence was facilitated with external experts as resource persons. The content ranged from verbal and non verbal communication, trust and 'image' issues amongst group members, knowing one's own strengths and weaknesses, challenges faced and overcome together and the way to take the intervention forward. Monthly video conferencing also enabled the team members to have detailed discussion.

# Assessing outcomes

Indicators chosen for assessing project/programme impact focus on outputs and outcomes with a baseline and final assessment. Sometimes a midterm assessment is included depending on the duration and scale of the project. Both short term and long term indicators are chosen. Such an assessment gives quantitative details of achievement with qualitative information being used as anecdotal or process indicators. An example is given in Table 1.

<b>Output</b>	<b>Process</b>	<b>Short term outcomes</b>	<b>Long term outcomes</b>
Five CHF's from each village trained on first module on nutrition literacy, drinking water and sanitation, of which atleast 50% are from marginalized households and 40% are women	CHF's spread messages on dietary diversity, cleanliness and hygiene  Peoples' initiatives in growing diverse and nutritious crops, in improving personal hygiene and in maintaining a clean environment	More number of marginalized households, more number of women and children 1–3 years having a minimum acceptable diet. Evidences of improved personal hygiene and a clean environment	About 80% of men and women, are eating diets that meet the daily nutrient requirements  Clean villages with a majority of people observing personal hygiene

<b>Output</b>	<b>Process</b>	<b>Short term outcomes</b>	<b>Long term outcomes</b>
Second module on entitlements, social causes of undernutrition and the critical life cycle period of pregnancy, lactation and the first three years	Examples of people especially women and marginalized communities participating in village planning meetings	Evidences of people forming committees, resolving conflict and successfully completing projects	90% of all households, including marginalized households have safe drinking water and are using toilets
Third module on goal setting and way forward	Examples of people demanding entitlements in Gram Sabha and utilizing and improving anganwadi services	Improved infant and young child feeding practices  Reduction in wasting levels in children	Reduction in disease burden in the population  Reduction in stunting levels in children
Exposure visits and street theatre	Demands for further training programmes  Support to women for childcare and greater sharing of responsibilities	More capacity building programmes conducted  Improved control for women over resources and technology for personal and livelihood activities	Zero hunger in the households of intervention sites

Quantitative information at the baseline tells us the situation at the start of the intervention. In the end the results are known as to how many benefitted and how many did not, with some examples to illustrate that a process has taken place. While these help in assessing the benefits

accrued to people, they do not tell us about how people moved from the initial stage to reach where they are now, their experiences in the process, changes in attitudes and values and the social impact. Such an engagement with the process of achieving the goal along with the goals themselves shed light on how they were empowered (ie) if equity issues were addressed whether it helped challenge stereotype images and attributes of those having a low status in the family and society. Hence qualitative data is of equal importance in understanding the social impact of the project.

Qualitative information gives rich insight into the lives of people and brings alive 'the numerical data.' It can break existing theories and perceptions about people and their lives and helps chalk out a pathway on how people may be helped. Further it is useful in examining if existing policies are people friendly and provides scope for improving implementation. Descriptive narratives weaving in quantitative information wherever necessary, give a vivid picture of the depth of the issues along with an estimate of the magnitude of the problem.

Different methods can be used to assess the effectiveness of the project to the people. The field reports and observation notes of the programme staff are key documents in knowing about how people are moving and what is happening to them in the process. It is best to jot down the observations, on the same day they are made, when they are fresh in the mind. If there are several staff members, then the field notes should be read by all project personnel and the implications and interpretations should be analysed and discussed. Several qualitative observations also lend themselves to be quantified (eg) number of meetings organized, attendance in meetings, number of households applying for an entitlement and number of people adopting technologies.

Focus group discussion with different groups such as traditional birth attendants, elderly men, women and youth will give insights into cultural practices, coping strategies, changes over a generation and gender relations at the household level, which will help in interpreting the results. Finally assessment by those who implemented the project with regard to how it improved the lives of the participants is important to understanding the reach of the project and further thrust areas for action. This can be done through self reflection exercises.

In Lachanaguda hamlet after several visits & negotiation with RWSS, block and PRI members, the villagers finally got approval for the work orders and permission to construct toilets in their village. As per the guide lines, three work orders were issued, each work order covering 25 households. Following this, work implementation & management committees were formed. Every committee consisted of CHFs, PRIs & Government officials. They supervised implementation such as purchase of material, work frequency of family, payment, identifying mason and workers etc. The committee was formed only for the purpose of this work. After formation of committees, the lay out for toilet construction was given by the Junior Engineer in the presence of RWSS coordinator, PRI member and villagers. They gave the lay out to ten households and trained two to three members about the lay out process. Accordingly, households constructed the latrine storage tank as part of the labour contribution. However when water supply to the toilets were demanded, it was learnt that water supply was first being given to revenue villages based on population size – those with highest population would be given the supply first and so on. Hence the people of Lachnaguda have to wait for some more time to use their toilets and continue with open defecation unless water is provided.

Such qualitative documentation gives correct interpretation of peoples' behaviour. It also helps identify flaws in implementation (ie) the policy of not providing water to those who first build the toilets. Without this information this behaviour can be read as the 'usual scenario of people not using toilets because they never do and prefer to defecate in the open'.

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# Annexure

Village details in which the CHF project was implemented in Koraput district, Odisha								
S.No	Hamlet	Revenue Village	Panchayat	Households				
				ST	SC	OBC	Others	Total
1	Banuaguda*	–	Banuaguda	54	13	24	7	98
2	Bhatiguda	Taraput	Banuaguda	35	51	16	8	110
3	Disariguda	Gorahandi	Banuaguda	9	125	120	18	272
4	Kusumguda	Banuaguda	Banuaguda	11	28	65	4	108
5	Lachchanaguda	Taraput	Banuaguda	37	8	37	6	88
6	Majghiguda*	–	Banuaguda	34	22	22	0	78
7	Atalguda*	–	Chandrapada	2	0	89	0	91
8	Banuaguda	Bhejaguda	Chandrapada	107	0	29	0	136
9	Bhejaguda*	–	Chandrapada	60	14	4	0	78
10	Bolliguda*	–	Chandrapada	42	13	31	0	86
11	Dumuriguda	Bhejaguda	Chandrapada	44	2	3	0	49
12	Kharaguda + Dumdumiguda	Chandrapada	Chandrapada	0	7	58	0	65
13	Palliguda + Nayaguda	Palliguda	Chandrapada	126	0	2	0	128
14	Cherkaput	Pujariput	Digapur	41	15	47	2	105
15	Pujariput*	–	Digapur	20	20	49	1	90
16	Gunthaguda	Phukiaguda	Lima	71	5	4	0	80
17	Nuaguda	Lima	Lima	39	0	0	0	39
18	Pradhaniguda	Gundal	Lima	44	0	3	0	47
<b>Total</b>				<b>776</b>	<b>323</b>	<b>603</b>	<b>46</b>	<b>1748</b>

\*Revenue villages themselves.



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