

**Project:** Nutrition and Education Project for the Critical Age Group 0-5 years In Partnership with Watershed Organisation Trust, Inc. (WOTR), Pune, India

**Location:** Tribal villages of Banar, Barbati, Gadadevari, Khinha and Mukhas-Kalan, Narayanganj block, Mandla district, Madhya Pradesh

**Beneficiaries:** Mothers and their children in the age range of 0-5 years mainly from Gond, Baiga and Bairagi (other backward caste) communities

**Category:** Training & Growth Monitoring

**Funding:** \$ \$15,150

**Project Period:** April 2013-December 2015

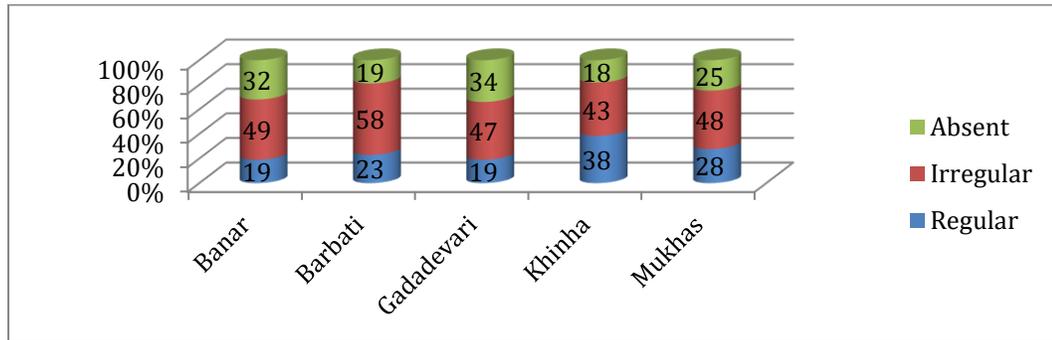
**Project Coordinators:** Dr. Uma Muppadi (IDS Vice President) & Dr. Ron Fernandes (IDS Board member)

**Problem to Solve:** According to the United Nations Children's Fund (UNICEF):

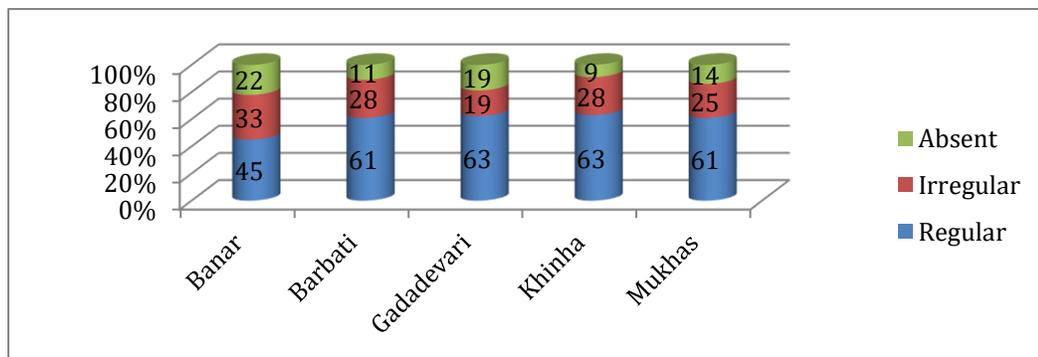
- Child malnutrition is more common in India than in Sub-Saharan Africa. *One in every three* malnourished children in the world live in India.
- The prevalence of malnutrition varies across states, with Madhya Pradesh recording the highest rate (55%) and Kerala among the lowest (27%).
- Malnutrition in children is not affected by food intake alone; it is also influenced by access to health services, quality of care for the child and pregnant mother as well as good hygiene practices. Girls are more at risk of malnutrition than boys because of their lower social status.

**Intervention:** The intervention has the following key elements: 1) train mothers with children in the age group of 0-5 years to assess the growth of their children and to provide them with training on the food, health and nutritional needs. 2) Leverage the resources of Anganwadis (courtyard shelters) initiated by the Government of India in 1975. Anganwadis are funded through the Integrated Child Development Services (ICDS) program to address child hunger and malnutrition. Unfortunately, as with many government schemes in India, the Anganwadi system is underfunded and poorly managed. WOTR organizes and trains the poor, especially women, to effectively utilize Anganwadi resources to ensure their children's health by providing training and guidance to the mothers and the Anganwadi workers and by building local institutions. 3) Adopt a holistic approach by also intervening in the village ecosystems (watersheds) by building *rainwater harvesting systems* with external funding through Government projects to enhance the livelihoods and to provide sustainable incomes to the villages. This in turn, enables them to provide more nutritious foods and better healthcare for their children, lower migration rates out of the villages and allows a more systematic monitoring of child health during this crucial period.

## Results:



Village wise details of Year 2013



Village wise details of Year 2015

The charts shows the percentage of regular attendance and growth monitoring of children in Anganwadis has increased in all the villages between 2013 and 2015. Along with this there is a decrease in irregular attendance and absence of growth monitoring in all the villages. On an average in year 2013 only 25 percent children were regular to child growth monitoring which increased to 58 percent in year 2015. Average irregular attendance for growth monitoring was 48 percent in 2013 which decreased to 26 percent in 2015. Child absences also declined from 25 percent to 14 percent.

Over the project period a total of Rs. 909,586 was expended from which 274 children benefitted, which comes to Rs. 1100 (\$17) per child/year. Their growth is now regularly monitored and their mothers aware of their health and hygiene issues. This intervention will also benefit subsequent children who are born as the mothers are now more knowledgeable about how to raise healthy children and monitor their health thus enhancing the continued sustainability of the project outside of the project period.

**Remaining issues or next steps:** Through this project we discovered the importance of social networking for successful project outcomes. Growth monitoring and education interventions are now reaching 274 children out of a total

of 429 children in these 5 villages. The challenge is to reach the remaining children, and we plan to use social networks in these villages as well as social pressure to encourage other mothers to enroll these children in growth monitoring.

We also learned that concurrent investments in ecosystem interventions are central to successful outcomes. Our efforts to conserve soil and water in these villages are resulting in improved agricultural production and water availability leads to increases in socio-economic status. It also results in lower migration out of villages and return migration back to villages. This enables a more accurate monitoring of infant growth and health status. Educating and empowering mothers towards the importance of healthy nutrition in preschool children is critical. Overall improved nutrition in preschool children able to reach target growth curves also leads to sustained primary school attendance and better educational outcomes as well.