



# STORIES



# OF

# CHANGE



# MADHYA PRADESH



How do we  
change the  
world?  
Change the  
story.



# ACKNOWLEDGMENT

The booklet presents the learnings and successes from the field in form of stories of nutrition champions; those who have gone beyond their capacities to improve the nutritional status of children in their respective areas. They have played a vital role in promoting the importance of community engagement and successfully engaging key stakeholders. Their contribution is very well appreciated and their stories would motivate others to come up and contribute in improvising the status of nutrition in the whole country. It is hoped that this document will serve as a useful reference for other states to promote community engagement in the context of achieving the overall goal of Poshan Abhiyaan.

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## Nutrition Champions - Determined minds bring about the change!

Malnutrition, in all its forms, carries huge direct and indirect costs to individuals, families and to entire nation. Eight million Indian children suffer from severe acute malnutrition (SAM), particularly worrying because children with SAM are nine times more likely to die than well-nourished children<sup>1</sup>. Tens of thousands of young Indian children suffering from severe (SAM) and moderate acute malnutrition (MAM) go untreated every year; many of them die and those who survive may face lifelong debilitations.

A recent study has estimated 18–23% of additional child deaths in LMICs<sup>2</sup> on account of Increase in wasting prevalence resulting from the potential disruption of health systems and decreased access to food during COVID -19 pandemic. Therefore, there is an urgent need to address children with severe acute malnutrition, identifying them early and managing those by providing continuum of care from community to facility and back.

The primary requisites for community-based management of malnutrition are formal or informal volunteers within the system who have the basic knowledge of human nutrition and have the zeal to promote nutrition and health in their communities. CFNS recognized this need and promoted it through identification of 'Champions' for nutrition from the community in the state of Madhya Pradesh.



Nutrition Champions' is relatively a recent concept described as people able to inspire and motivate community members, to advocate for change and also influence local organizations. They are integral for building and sustaining community and program commitment for nutrition. It is increasingly being recognised that champions play a vital role in influencing nutrition governance, convergence, behaviour, practice and securing collective will to change attitudes at the community level. In this empowering process, the 'Champions' play multi-dimensional roles as facilitator, mediator, community mobilizer, awareness creator, communicator etc. through their knowledge, networking, liaising and interpersonal skills. They may turn out to be a key asset in meeting inequities at the local level, especially in some of the most hard-to-reach and seldom heard communities and may be a source of rich intelligence and experience for service planning and delivery<sup>3</sup>.

CFNS strongly advocates the involvement of 'Nutrition Champions' at different levels for disseminating information, knowledge and awareness on Nutrition and facilitate village, block, district and state level activities related to child malnutrition. The agenda is to mobilize community support through 'Nutrition Champions' to ensure child nutrition.



In Madhya Pradesh, CFNS has set the platform for documenting the inspiring accomplishments of ‘Nutrition Champions’ based on certain criteria that showcased the extent, impact and sustainability of their achievements. A mapping of the stakeholders was conducted and the potential local champions were identified through consultation with district/block officials, or through interactions/meetings with FLWs, community etc. The documented stories of Nutrition champions identified at community, block and district levels is aimed to reach out to hundreds of people in their respective areas, to spread awareness about the nutrition/malnutrition. Highlighting the contribution of Nutrition Champions through advocacy/Newsletter/social media etc., can gain recognition to their efforts in many forums.

Empowerment of individual champions can be the example of an asset-based approach for creating trust and awareness among the common masses and the grass root level organizations regarding SAM and MAM management through different activities for sustainability. This will ensure that the community is ready to implement Community-based management in a desired manner with the help of many Change Agents as ‘Nutrition Champions’. In the following section a few stories of inspiring change agents “Nutrition Champions” have been documented.

<sup>1</sup>UNICEF, Management of Severe Acute Malnutrition in children: Working towards results at scale. UNICEF Programme Guidance Document. 2015. New York, NY.

<sup>2</sup>Roberton, T, Carter, E.D, et al. Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study. Lancet Global Health 2020. May 12, 2020

<sup>3</sup>Davies, R. community health champions: one of the keys to unlocking the health inequalities challenge? Centre for Local Economic Strategy (CLES). 2009.



## NOURISHING FOR BETTER LIFE!

Chedka, a small hamlet of merely 50 Gond ethnic tribal families in south-eastern Madhya Pradesh is already under national glare for its poor health and nutrition indices. Only the recent years have seen small transformational changes taking firm roots in the rural tribal belts of Chedka, Sohagpur in Hoshangabad Districts.

The indomitable conviction of Mr. Mukesh Tekam from Chedka seems to have redefined the status of health and nutrition of his village. After completing his education, Mukesh toiled on a small patch of ancestral forestland to support his father. Though forest produce is the only subsistence source of income; the drudgery of selling it in distant local markets turned to be less lucrative. Mukesh's educated mind consistently urged to transit from this traditional system of livelihood and this triggered his activist nature which gives him an iconic figure in the village today.

He started participating in Gram Sabhas, the fulcrum of Panchayati Raj system for village development, very actively. He gained confidence of the Sarpanch and other Panchayat members by bringing local governance issues of agriculture, education, health, sanitation and community welfare center in the discussion meetings and action planning thereof. He tenaciously gathered information about various government schemes for scheduled tribes and convinced Gram Sabha to utilize those opportunities in a timely manner. His responsible actions supported the hamlet to gradually reap benefits of state's schemes and entitlements for poor tribes.

# Nutrition Champions and their CMAM Success Stories



## Prasav Surakshit, Jeevan Rakshit

Mukesh's wife, also an Anganwadi Worker, played an instrumental role in catching his attention towards young children's nutrition and health of the mothers. He supported his wife in generating awareness on institutional deliveries and accessing public health services. He engaged the community in birth preparedness and motivated the families to go for institutional deliveries. The nearest community health center is around 3 kms away from the village and there were massive transportation issues in the village that made it difficult for mothers to go to hospital for institutional delivery or seeking treatment and medicines. People travelled kilometers to access basic health care.

This situation is now changing for the better as many families have been counselled and motivated by Mukesh regarding the importance

of institutional delivery. Families are supported by volunteers who have their own vehicles, identified and engaged by Mukesh. Even volunteers from another Panchayat have also been arranged with the help of Gram Sabha. The contact numbers of volunteers have been provided to the AWW as well as the families having pregnant ladies and these volunteers help to take pregnant ladies to the hospital. Hence, institutional delivery is ensured in the village and pregnant and lactating mothers are supported well during antenatal and postnatal visits creating a sense of security among families. Mukesh also took appreciative efforts along with his wife and support of Gram Sabha to assure that supplementary foods and essential medicines are always stocked at the Anganwadi center, so that basic medical facilities could reach the doorstep of villagers. Villagers are becoming more conscious of their health and entitlement.



## Har Aangan mehake Poshan Bagiya

Mukesh, knowing the importance of diet diversity in improving the nutritional status of children and families, combined his knowledge and experience of farming and developed Poshan vaticas in his backyard. Realising the advantage of growing fresh vegetables in the backyard, he sowed tomato, brinjal, methi, spinach and coriander using the saplings provided at a workshop. After seeing vegetables growing well, he encouraged other members of the community to do the same. He taught them about the growing methods and provided them with seeds and saplings. The outcome of his vigilante actions and awareness efforts reflect in the fact that almost every house in the area has a small nutri-garden which ensures availability of fresh vegetables and different vegetables grown by neighbouring houses were exchanged with each other to have a diverse diet. He is elated to see that with this change, the small backyards of many households keep supplying fresh vegetables and seasonal fruit for balanced diets and nutrition of young children, adolescents, and women in the family.

**The struggle of tribal lives and stresses of their harsh living conditions do not make headlines, but there are bright spots like Mukesh who keep the wheels of positive change rolling. Mukesh smilingly says, "There is no end to my struggle, but I am sure to have chosen the right path, otherwise how would my people hold on to me so far. In their welfare lies my own happiness!"**



## NOURISH TO FLOURISH!

Ms. Rekha Ahirwar came to Kalmeshra village, Sohagpur Tehsil after marriage over 15 years ago. Kalmeshra, a small village, has its people still under the rage of poverty which has been the determining cause of malnutrition among children in the village. Rekha was a well-educated lady and always wanted to serve others. Being a daughter-in-law, she was fortunate enough to be supported by her husband and his family to go out for work. Rekha's daily routine is not very different from that of any other working woman. She is a mother of two and gets up early in the morning to finish her household chores and moves out to work.

Working as a Counsellor and being perturbed by the nutritional status of the village, Rekha wished to create awareness among the villagers

about child health and nutrition. According to her, malnourishment is not about poor or rich, it has more to do with appropriate information and timely interventions in the village. Her modest efforts and altruistic behaviour to create child health and nutrition awareness among villages had made it possible to improve the nutritional status of the children in the village.



## Kuposhan se Poshan ki Aur

Nidhi, two years old and the third child of a couple working as daily wage labourer, was residing near Rekha's home. They were not able to manage three meals a day for the family. Many a times they went to bed on an empty stomach. Nidhi was grossly underweight and weak to an extent that she was unable to crawl and her health was deteriorating day by day. Rekha noticed Nidhi's condition and reached out to her parents to apprise them of their child's undernourished status and the immediate need for care. However, as Nidhi's parents were solely dependent on daily wages they expressed incapability to devote time and effort towards Nidhi's health and nutrition. Understanding their situation, Rekha advised them the community-based program – CSAM and on continuous persuasions convinced them to enrol her in the CSAM program. Under CSAM, routine health check-ups were done, additional THR was provided as per her weight and medicines were provided from the AWC. Rekha followed her progress regularly through home visits and at AWC. Nidhi, who was previously very skinny and pale, has recovered well after receiving proper treatment and is healthy today. Encouraged by the results, her parents have enrolled their other children also to the AWC and are thankful to Rekha for motivating them to send their children to AWC and always being available to help them. Though this gives a very positive feedback about the successful efforts, there are still many children waiting to create such positive stories.

## Samudaay ki Ekta, Poshan ki Vaidyata

Community engagement is the starting point to bring a sustainable change within a community. Rekha tapped and channelized community participation by forming a Baal Suraksha Samiti along with the support of VHSNC members. The Baal Suraksha Samiti has members from VHSNC, AWW,

ANM and other influential community members and works together to monitor the health, nutrition, sanitation and education of children (0-5 years) such that the whole community can be benefitted from their tireless efforts. Purshottam, a 4-year old boy, was identified as acutely malnourished during home visit by the Baal Suraksha Samiti. This was later confirmed by an ANM during her visit to the Village Health, Sanitation and Nutrition Day (VHSND) for a final assessment. Once his nutrition status was confirmed as SAM and it was ascertained that he had no medical complications, his parents were counselled to get him treated at the community level. The family enrolled him under the CSAM programme. As part of the program, Purshottam started receiving adequate weight based THR and medical care, and counselling was provided to the mother on his condition and the actions to be taken if it deteriorated. Purshottam was subsequently visited by the AWW as well as the members of Baal Sewa Samiti to counsel the family on hand washing and personal hygiene practices and to check if the child was eating properly. Purshottam's health began to get better and within eight weeks, he had recovered.

Though, Rekha was supported by her family but her journey has not been smooth. Being from a dalit community many challenges were encountered by her, which she meticulously overcame to win the hearts of the villagers.

**Rekha- “Coming from a Dalit Family, I was not liked by many, but the nature of my job required speaking to everyone. I was in a constant battle, but I continued to fight and the results are encouraging. I am friends with the upper caste households too, not only am I welcomed by them but also offered chair and tea, which used to be unusual in my village for a dalit community woman. I feel blessed to get an opportunity to serve my community.”**



## UNLOCKING THE POTENTIAL OF GOOD NUTRITION!

Nayachurna Village is one of the poor and backward villages in Babai Block with most of households being involved as daily wage workers in agriculture fields. The village is stricken by poverty, improper nutrition in the diet and lack of awareness about the child caring practices. These have translated to disastrous child malnutrition status in the village. Aggravating the disaster is the non-availability of Nutrition Rehabilitation Center (NRC) and Primary Health Centres (CHC) in the village. Villagers are forced to go to the NRC (situated 23 km away) and CHC (situated 1.5 Km away) on their own in case of emergency.

Ms. Saroj Yadav, an Anganwadi Worker since 23 years was married in her early 20s into a family with limited means. Her husband is a farmer and had the responsibility of complete household since an early age but is very supportive for materializing Saroj's dream of becoming a social worker and serving mothers and children in her community.

The number of malnourished children was high in the village that made her look for the reasons for it. As a response she started counsellings marginalized girls and women on sanitation and correct feeding practices of children. Saroj also took support from the Community leader for organizing and operating various activities to motivate the parents of children to enroll them under Community-based Management of Acute Malnutrition. The main activities involved were: i) Nutrition education and communication; ii) Guiding mothers on preparing nutritious meals using locally available foods for children; iii) Engaging family members and fathers along with the mothers of young children.



## Poshan Suraksha

Saroj's aim was to reduce the number of malnourished children (under 5 years) by strengthening communities and village-level nutrition and health facilities capacity to identify, treat, and prevent malnutrition.

Sunaina Raji was identified by Saroj as a malnourished child, who was fighting a battle for life. Saroj approached Sunaina's father and discussed about her health condition and suggested to take her to NRC, but Sunaina's father paid no heed to her suggestion. Saroj continued to visit him and gave him the confidence that her situation can improve easily. As a result Sunaina was immediately referred and admitted to Nutritional Rehabilitation Centre, where she received treatment and her condition improved.

Soon after getting discharged from the NRC, Sunaina was enrolled under CSAM program, Saroj visited Sunaina at her home for counsellings on correct feeding practices, weekly weight measurement, extra packets of, essential medicine and supplements to Sunaina's family. Sunaina was now eating three solid meals each day, plus two snacks, and had a good appetite. Her health was finally improving and she gradually progressed from severe to moderate and finally to normal nutritional status.

Saroj was proud to see that Sunaina was finally on track for normal development and good health. What's more, she and her family came out of this with good knowledge of nutrition and her family was so happy.

Sunaina's mother shared "I feel so much better and calmer now that Sunaina is healthy". She is eating more, and I am able to provide her a greater variety thanks to Saroj Didi for it."

Saroj has been contributory in providing services in her village. Having understood the importance of Anganwadi centres as one of the major contributors towards child health and nutrition status in the villages, Saroj underwent trainings of many programmes, including Community based Management of SAM (C-SAM). Saroj with best of her intent and efforts found it very difficult to bring the community together and convince them but she was not ready to give up and she started working closely with the local communities to bring out individuals and families from the shackles of malnutrition. Sooner the Communities understood and took up the charge of their children's nutrition requirements, by enrolling them under CSAM.



## Budding Leader

Sumitra, a 21 year young mother, resides with her family of 5 members in the Nayachurna village. She has recently delivered a baby girl, who is 6 weeks old. Complying with her regular duties, Saroj visited Sumitra to deliver home-based post-natal care and nutritional messages, during one of such visit's Saroj overheard Sumitra's infant crying constantly. With a friendly probe, Saroj tried to understand the reason, then Sumitra mentioned that for the past few days, baby is passing frequent stools and her body is also warm and she wouldn't stop crying. Saroj got alarmed and inquired whether Sumitra is continuing breastfeeding her child, and if she is providing some alternatives to the baby. The mother was hesitant and shared that she is thinking of providing a homemade

concoction. Saroj instantly stopped her and convinced her to continue breastfeeding and demonstrated the use of ORS and guided how to correctly feed her. At first, Sumitra sounded hesitant and apprehensive, but as Saroj continued counselling her, she was able to convince her and her family to exclusively breastfeed. However, Saroj wasn't entirely satisfied, and made a follow up visit to Sumitra after a few days, she was thoroughly over-joyed to learn that Sumitra remembered about exclusive breastfeeding and administering ORS to her baby as advised. The child's health also started improving and there were no diarrhoeal symptoms. Sumitra was happy to see her child gaining weight and understood the importance of exclusive breastfeeding. Encouraged by the results Sumitra provided support to Saroj in counselling other mothers like her.



## TRANSFORMING LIVES!

Ankhmau village of Hoshangabad District, Madhya Pradesh has about 458 families and majority of the villagers are agricultural labours. The living conditions in the village are extremely deplorable as the area is doomed under poverty that houses the ugly issue of malnutrition in the village. However, Ankhmau has made concerted efforts and taken up various initiatives in the recent years to improve the condition of the villagers.

In an attempt to fight the problems associated with malnutrition in Ankhmau village, Ms. Girija Pershahi, an Anganwadi Worker, went on to tread the path of Community-based Management of Acute Malnutrition in her village. She enhanced the nutritional status of children and mothers in the village by promoting community-based care and teaching recipes of high nutrition value from locally available food products. It has been over 10 years since, Girija has been advocating for issues related to health and nutrition of mother and children in the village and she has often reached out and engaged Panchayati Raj Institutions to make the issues more vocal and find out sustainable solution with their support.

### **Making a difference – CSAM!**

Girija played an important role in the life of Rahul, a malnourished handicapped child in her village. Rahul's family was hopeless and felt that his condition can never improve. Girija was moved by Rahul's condition and urged his parents to enrol him under the Community-based Management of Acute Malnutrition (CSAM) to help improve his health and nutrition status. Girija regularly visited Rahul's family to counsel them and make them understand how he can be managed at home with proper home-based care. She taught his mother to cook nutritional recipes that can be prepared with locally available food and THR that is provided at the Anganwadi Centre.



After the tireless efforts of Girija, Rahul was screened at the Anganwadi Centre and was enrolled under CSAM program. He was provided with medicines as well as THR with which his mother was now able to prepare different recipes for him. Rahul's family realised the importance of access to correct information and proper care and understood that securing health and nutrition is possible even with limited resources.

As Rahul's mother and father were daily wage workers, they were not even able to pick and drop him at Anganwadi Centre. Girija motivated them and took up the charge of taking him to the Anganwadi Centre and taking care during the day when they are at work. As Rahul was handicapped, Anganwadi Sahaika bought him every day to the centre or visited their home to take care and feed him. Rahul has gained weight and his nutritional status has improved. He is very special and his smiling face gives Girija the confidence that one day he would at least be able to take basic care of himself.

### **Panchayat ensuring food security**

Kamini, a 3-year old girl from a poor and marginalized family was found at her home suffering from severe acute malnutrition.

Poor nutrition, hygiene and financial instability made Kamini susceptible to illnesses. Her mother reached out to Girija for help. Girija screened her and found that she was SAM and her body was skinny and pale. Girija immediately enrolled Kamini into CSAM program, so that she could receive proper treatment. In a span of 3 months, Kamini's nutritional status moved from SAM to MAM. However, this was not an easy task and Girija had to put in lot of efforts, involving the Panchayat members and seeking support for providing food to Kamini's family which ensured that her family had enough food to eat and feed Kamini regularly. She taught Kamini's Dadi and mother about various recipes that were easy to prepare and those that could be prepared with locally available vegetables and fruits. Kamini's mother learnt about the importance of a nutritious diet and various nutritious recipes. Within six months, Kamini reached a healthy weight range and recovered from SAM/MAM. Ensuring that Kamini receives adequate nutrition during the difficult time was my priority," said Girija.





## UNLOCKING POTENTIAL WITH GREAT NOURISHMENTS!

Khalwa-5, a village in Khalwa block of Khandwa district in Madhya Pradesh, is majorly inhabited by Korku tribes. Korku tribes are primarily agriculture labourers that often migrate in search of work. Migration is one of the key aspects which increase the probability of malnutrition among children, as parents often leave their children behind at home while going for work and there is no one to feed these children. The problem is further compounded by poverty and poor feeding practices.

Despite the grave situation, Ms. Renu Soni, AWW of Khalwa village created a positive and enabling environment through counseling and social behaviour change for tackling the situation of malnutrition in her village. She

came to the village, 17 years ago after her marriage and is now a mother of two.

A graduate in arts, she has been working as an Anganwadi worker since last 13 years. She puts in lot of efforts to enhance the level of awareness in the village and develop a strong bond with families to inspire them towards living a healthy life



## A Whole New Way to Live!

3 years old boy, Rajveer, lives with his grandparents as his parents have migrated to Aurangabad for work. His grandparents are also agricultural labourers and earn a little for their livelihood. With the available resources, they are not able to fend for themselves and Rajveer. The family often struggles to have two meals a day. Under such conditions it was very difficult for them to feed their grandson and provide him nutritious diet was out of question. The food, grandmother fed him was not enough, and gradually Rajveer's health deteriorated and he became severely acute malnourished.

The grandmother observed that Rajveer was getting thin day by day, he was skinnier and weaker. She suspected that he is not well but had no idea what to do next and so she went to the AWC to have her grandson examined. Renu, an Anganwadi worker examined him and asked his grandmother to get him enrolled at the NRC but she denied as it was difficult for her to leave the work and stay with him at the NRC. Renu counselled her and ensured to provide some support for it. She explained her that Rajveer would be required to be admitted at NRC only to take him out of the medical complications and then his care can be continued at home under CSAM. Renu explained Rajveer's grandmother that he would not only be provided with medicines and care but also with the Take Home Ration that would support his daily requirement for nutritive food. Rajveer's Grandmother was convinced with her suggestions and Rajveer was successfully admitted to the NRC immediately. As Renu promised to support Rajveer's grandmother she requested a few local leaders and collected some money to support Rajveer's family for a few days. Rajveer was admitted in NRC and later on Rajveer was enrolled under CSAM program and management was done at local level, she regularly visited Rajveer at his home as well and counselled his grandparents on how to feed him and take his good care. Renu also visited Rajveer after completing her work at AWC and stayed back with him so that his grandmother could go on work for some time. Now Rajveer has improved a lot which has been possible because of Renu's steady efforts.



## Sowing the seeds of healthy life.

Bablu, two years old child was frail and unable to walk when Renu found him. His family had fallen on hard times and her 22-years-old mother was left to raise him and his two siblings alone.

His mother was unemployed and found it difficult to provide nutritious food for her children; soon Bablu's health started deteriorating. At first, she thought it was a minor sickness that would pass. To her dismay, Bablu's health only continued to worsen. She had no money for Bablu's treatment and believed that Bablu would soon die.

One day Renu came to know from the villagers about Bablu so she visited his home. She immediately understood that he was severely malnourished and took him straight to the NRC where Doctor examined him and confirmed that his condition was critical and needed an immediate treatment.

His treatment was started on the very same day and condition improved in a week's time. His mother was happy to see him getting stabilised after which Bablu was enrolled under CSAM. Renu provided seasonal vegetable and fruit seeds with help of a Panchayati member to Bablu's mother. She also taught Bablu's mother how to grow vegetables and proper feeding practices for her children. Bablu's mother also grew some



vegetables in the common area provided to her by the Panchayati members to grow vegetables that had a better yield and helped her sustain for living. Eleven months later, Bablu made a full recovery and turned out into a completely different child.





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