



# Action Against Hunger - India

“At **Action Against Hunger India**, our advocacy approaches & interventions are based on concrete evidence and tailored suited to the needs...

... right from influencing policies, creating evidence, research, documentation and raising the voices for the least heard, we mobilize resources for optimum impacts...

...in order to put an end to hunger and eradicate malnutrition...

WE-



**Dr. Basanta Kar, CEO, CFNS speaking at the first ever National level Media Workshop on Nutrition in New Delhi**



**Workshop on Nutrition organized in Dungarpur for Policymakers & Influencers**



**Ms. Vinita Ved Shingal, Principal Secretary- WCD, Govt. of Maharashtra, asking a direct question to Shri. Naveen Jain, Secretary-Health, Govt. of Rajasthan during the Stakeholders' Consultation on Nutrition in Mumbai**



**AAH/FHF represented in the Consultation- Mission Malnutrition Free India 2022 in New Delhi on 19<sup>th</sup> September 2017**

## EVIDENCE PACKAGING & DISSEMINATION



**Community-based Management of Acute Malnutrition (CMAM) in India**

A Position Paper July 2017

**Introduction**

Treatment of severe acute malnutrition (SAM) has undergone a paradigm shift over the past decade through the introduction of community-based management of acute malnutrition (CMAM) in over 80 countries. Under this approach, treatment has moved away from expensive, resource-intensive hospital settings towards the community-based management. The data evidence of CMAM is encouraging and it points toward the achievement of significant mortality reductions in a cost-effective manner. However, the burden of childhood malnutrition in India has remained significantly high with few years in hand to reach the global targets set by the World Health Assembly (WHA). India shares the bulk of the burden of childhood stunting globally with an estimated 44 million stunted children, according to the rapid survey on children (RVSC) 2014. Hence, reducing stunting among Indian children is considered imperative to achieve the global target set by the WHA to reduce the number of stunted children to 40% by 2025. Nearly 75% of the total burden of childhood stunted children in eight study states is concentrated in just four States- Bihar, Karnataka, Madhya Pradesh and Maharashtra.

According to UNICEF<sup>1</sup>, nearly half of all deaths among children under five are attributable to under-nutrition. This translates into the loss of about 2 million young lives in a year. Malnutrition continues to be a significant health problem for children in India. Though there has been declining in the percentage of children who are underweight from 42.5 % in NFHS-2<sup>2</sup> to 35.7 % in NFHS-4, the magnitude of malnutrition

<sup>1</sup>The WHO's targets for 2025 include the following: 40% reduction in child stunting; 50% reduction in anemia in women; 30% reduction in low birth weight; No increase in child overweight; Increase rate of exclusive breastfeeding to at least 50%; Reduce and maintain childhood stunting to less than 5%.

<sup>2</sup>UNICEF 2017 Nutrition report, Issue 6, childhood stunting across districts in Indian states, burden, determinants and role of actions. New Delhi

<sup>3</sup>UNICEF 2017 Nutrition report, the situation of children and women, June 2016, data available at <http://data.unicef.org/nutrition/india/index.html>, accessed on 10 June 2017

<sup>4</sup>NFHS is National Family Health Survey of India which is conducted every 5 years.

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**Nutrition Financing in India**

*Byopam Pandey, Akhil Hahn, Moumita Gupta, Shreya Das\**

**Abstract**

Malnutrition continues to be a significant health problem for children in India. Malnourished children need more health and nutritional services and extensive types of care than other children. Promotion of appropriate infant and young child feeding practices that include early initiation of breastfeeding, exclusive breastfeeding till 6 months of age and appropriate complementary feeding after 6 months of age, can reduce stunting. This paper focuses on analyzing the efforts of the Union governments to address health and nutritional problems of children in the country adopting a multi-sectoral approach to deal with both the nutrition-specific as well as nutrition-sensitive interventions, examine budget entries and implementation of interventions for improving nutrition. Although the allocation of National Health Mission (NHM), which is the core scheme for health-related interventions, has increased by 5% percent but it constitutes only one percent of total union budget. Data reflects that though ICDS is directly linked with the millions of children and increases with the opening of new centres but the budget allocated remains just the same. Budget of one of the important components of NHM is the Reproductive and child health (RCH) first pool is also declining. Therefore ministries need to come together and try to focus nutrition specific and sensitive schemes for the nutrition of children.

**TAKING PICTURES**  
Your Friendly Customer is Tactix Booklet

*"There are always two people in every picture: the photographer and the viewer."*  
-Ansel Easton Adams

Information is a vital element of facts represented by a particular arrangement or sequence of things. Many of these facts come to us in many forms, one of which is visual. What we usually see in these things helps us to understand the association of things within that visual.

(For example, the picture in the cover page helps one to understand the emotional bond between the mother and the child.)

In the POSHAN Program, pictures and testimonials will help us to convey information about the work we are executing and we also have a duty to inform other people about the things we do. We have to understand that whatever we publish comes from what you capture on the field during the program. Therefore the quality of our publications depends on what we receive from you all.

We hope the following guidelines and tactics which are very simple and self-explanatory will help you all capture beautiful and mesmerizing photographs in the future.

**Regional Advisory Office:** Action Against Hunger/Fight Hunger Foundation, Jaipur, [india@fighthunger.org](mailto:india@fighthunger.org)  
**Communication Office:** Action Against Hunger, New Delhi, [com@actionagainsthunger.org](mailto:com@actionagainsthunger.org)  
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**FIGHT HUNGER FOUNDATION**

**ACTION AGAINST HUNGER**

**STORIES FROM THE FIELD**

**COMMUNITY BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) MAHARASHTRA, INDIA**

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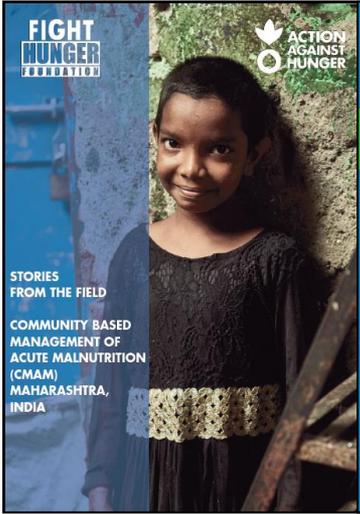
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**ACTION AGAINST HUNGER** **FIGHT HUNGER FOUNDATION**



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**ACTION AGAINST HUNGER**

**MY STORY BOOK**

**LITTLE HANDS**

**RAJASTHAN, INDIA**

**STORIES FROM THE FIELD**

**COMMUNITY BASED MANAGEMENT OF ACUTE MALNUTRITION (CMAM) MAHARASHTRA, INDIA**

**ACTION AGAINST HUNGER**

**Position paper on CMAM – helped draft a discussion paper on CMAM & RUTF for IMSAM network**

**Nutrition Financing in India – Paper has been accepted by Indian Journal of Sustainable Development for publication**

**Photography Protocol (POSHAN-II) – has been developed for training of frontline workers**

**Success story booklets from Rajasthan & Maharashtra – documenting journeys of beneficiaries**

## Knowledge Products were disseminated with the departments of Health and Family Welfare, and Women and Child Development in Jharkhand, Madhya Pradesh, Maharashtra and Rajasthan

### 'Psychosocial element, standard nutrition help in child development'

The malnutrition in Rajasthan has increased to 8.6 per cent from 7.3 per cent in Natl health survey

**Amidst this year's**

As an outcome of the survey conducted to assess malnutrition in Rajasthan, the report has highlighted the need for a more holistic approach to malnutrition treatment that goes beyond the physical and cognitive aspects of the child to include the psychosocial aspects of the child to improve their overall health and well-being.

**'Adding emotional connect in child's treatment will give better results'**

Impact of malnutrition extends beyond the physical and cognitive aspects of the child to include the psychosocial aspects of the child to improve their overall health and well-being.

**CMAM-II IN RAJASTHAN**

Standard clinical, home care and community-based management of acute malnutrition (CMAM-II) in Rajasthan has been implemented in 10 districts: Pratapgarh, Bhilwara and Baran.

**January 2017**

10 districts: Pratapgarh, Bhilwara and Baran.

Target to reach 50,000 malnourished children.

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## VIA THE MEDIA

ICFJ Fellow, Mr. Amit Bhatt from DNA produced a series of articles on psychosocial intervention related to nutritional developments in children

### 'Adding emotional connect in child's treatment will give better results'

Experts say that kids suffering malnutrition can benefit if dealt with psychosocial component

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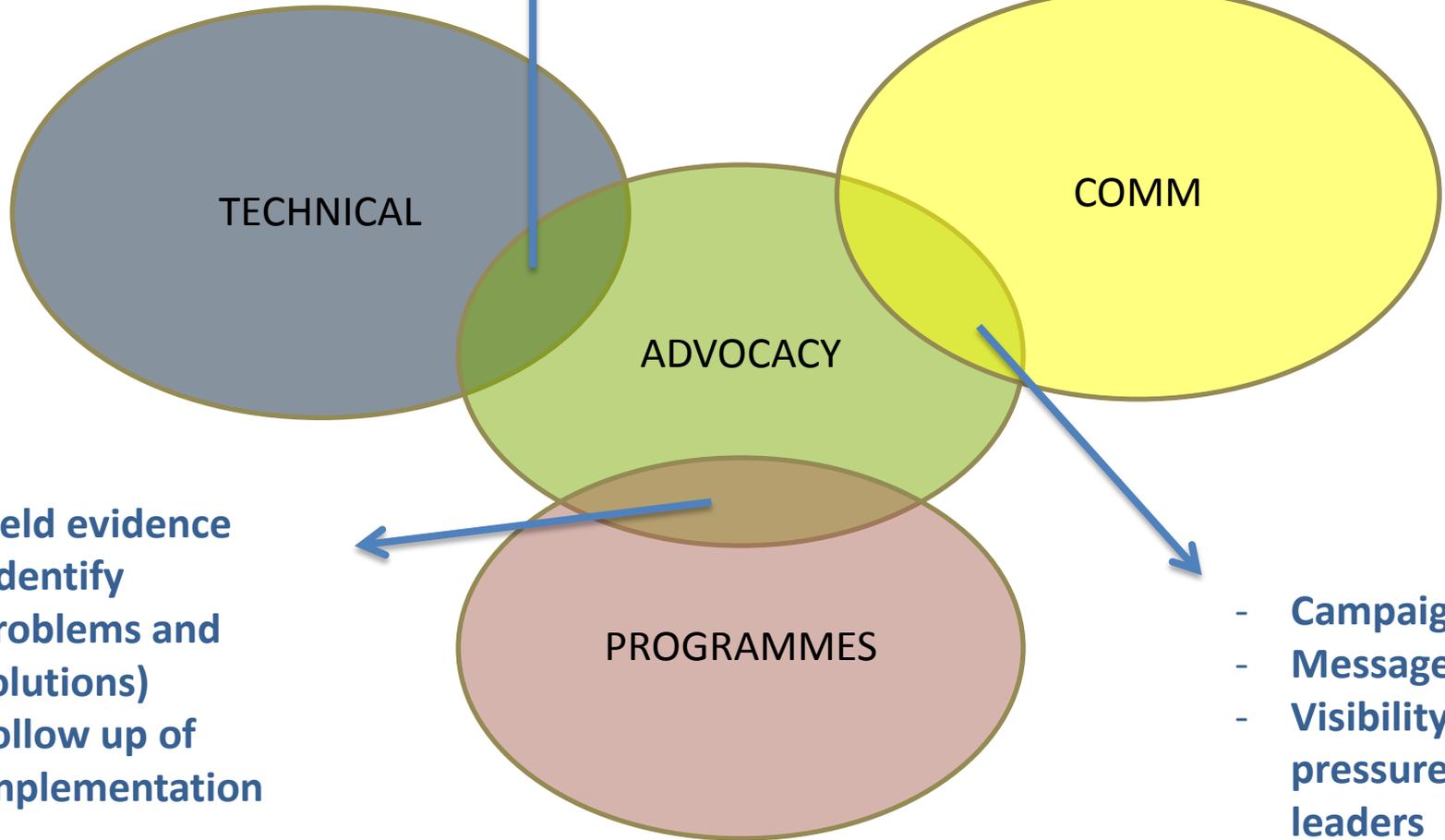


# Advocacy & related Concepts and Link with Advocacy

Terms	Purpose / Activities	Links
<b>Communication</b>	<ul style="list-style-type: none"> <li>- Increase visibility / profile of your organization</li> <li>- Inform and explain activities</li> <li>- Advertising: sell a brand / product</li> </ul>	<ul style="list-style-type: none"> <li>- Mode of action of Advocacy: used to promote an advocacy message in the media</li> </ul>
<b>Sensitization &amp; Mobilization</b>	<ul style="list-style-type: none"> <li>- Raise awareness of the situation of an individual or a group</li> <li>- Cause a change of mentality, behavior, practices</li> </ul>	<ul style="list-style-type: none"> <li>- Mode of action of Advocacy: Mobilize the public in support of a advocacy objective</li> </ul>
<b>Lobbying</b>	<ul style="list-style-type: none"> <li>- Direct influence of decision makers</li> <li>- Private interests (historic)</li> <li>- Behind the scenes, one to one (not public)</li> </ul>	<ul style="list-style-type: none"> <li>- Mode of action of Advocacy: Direct interaction, and Day to Day activities to obtain info or push a position</li> </ul>
<b>Fundraising</b>	<ul style="list-style-type: none"> <li>- Raise funds to finance activities/ programmes/ the org.</li> <li>- Private interest (by opposition to the beneficiaries interest)</li> </ul>	<ul style="list-style-type: none"> <li>- A successful advocacy can lead to more funds but funds is not necessarily the objective</li> </ul>

## Working Hand-in-Hand

- Capitalization
- Research
- Expertise



- Field evidence (Identify problems and solutions)
- Follow up of implementation

- Campaign Messages
- Visibility + pressure on leaders

## Evidence-based advocacy – Success Factors

- Scientific **evidence base**
- Good ANALYSIS of the context
- Clear and specific objectives
- Partnership and alliances : essential (with diverse actors: DM, academics, professionals)
- **Champions**
- Engage with the community
- Use traditional and new media
- Positive Framing

## Find **SOUND** evidence related to your advocacy issue

- Prepare a list of the key data you will use,
- Review the data regularly,
- source it,
- understand it with the support from a technical colleague,
- unpack it, disaggregate it etc.
- Engage in dialogue with stakeholders to fully understand the:
  - decisions they make
  - information they need
  - best way to present that information

**Engaging Local Self-Governance for  
Malnutrition Free Panchayats – India example**

Participation by 19 Sarpanchs including 7 Female Sarpanchs in the workshop on nutrition for PRIs at Bundi



Media exposure visit to an Aadarsh Gram (Matoonda) at Bundi post the PRI Workshop on Nutrition

Media Coverage of the exposure visit made in the Aadarsh Gram at Bundi district, Rajasthan



Support local governance mechanism as they advocate for supportive policies that addresses their health and nutrition needs



Thank You ©