

# Using Participatory Learning and Action to Empower Women's Groups to Improve Feeding Practices in Madhya Pradesh

## BACKGROUND

Participatory learning and action (PLA) is a promising approach to promote infant and young children feeding (IYCF) and other health, nutrition, water sanitation, and hygiene (HNWASH) practices. Since February 2014, PLA has been implemented in 14 blocks in eight districts of Madhya Pradesh through the *Sanjhi Sehat* program, which is led by the Government of Madhya Pradesh's State Rural Livelihood Mission (SLRM). The mission implements *Sanjhi Sehat* in five districts, and district-level nongovernmental organizations (NGOs) implement it in three additional districts. Technical assistance is provided by the Madhya Pradesh Technical Assistance and Support Team (MPTAST) under the Department for International Development (DIFD)-supported Madhya Pradesh Health Systems Reforms program. Other partners include the Department of Health and Family Welfare and the Department of Women & Child Development, whose staff ensure that all services of the program are accessible and accountable to the community. The Public Health Engineering Department is responsible for the safe water and sanitation (toilet construction) infrastructure and services, which forms an important component of the HNWASH interventions.

## APPROACHES AND METHODS FOR IMPLEMENTATION

PLA is an approach for learning about and engaging with communities. It combines participatory and visual methods with engaging techniques, and is intended to facilitate a process of collective analysis and learning. The approach can be used to identify

needs and to plan, monitor, or evaluate projects and programs. PLA goes beyond mere consultation by promoting active participation of communities in understanding issues, and prioritizing and developing solutions that shape their lives. It has been found to be effective in helping the rural poor to unlock their ideas on the nature and causes of the issues that affect them, prioritize, and collectively arrive at realistic solutions based on their knowledge of local conditions. It offers an opportunity to the marginalized and excluded to be heard and become partners in executing solutions that benefit them.

The design of *Sanjhi Sehat* is based on previous successful experiences using PLA by the NGO Ekjutin Jharkhand and by the DFID-supported Health Systems Strengthening program in Bihar and Odisha. The design is based on evidence that PLA is effective in improving health outcomes (Prost et al. 2013).

The PLA approach involves a series of 20–22 meetings conducted fortnightly using interactive modules developed by MPTAST. Each module is devoted to a particular HNWASH topic, including four devoted to IYCF practices. One module is presented at each PLA meeting held with target groups (for example, pregnant or lactating women, mothers of preschool children, adolescent girls). PLA meetings are conducted using the platform of existing self-help groups (SHGs) of the SLRM. At each meeting, a trained PLA facilitator takes the group through a process of collective reflection in which the group assesses current behaviors and related social, cultural, and psychological

barriers related to the HNWASH topic; household and community actions needed to address the barriers; and creating demand for relevant services. Participatory activities at the meetings involve showing picture cards, playing games, displaying age-appropriate quantities and varieties of complementary foods, and discussing ways of making meals richer in nutrients and calories. The meetings also involve an *annaprasan* ceremony, at which a group of six- to eight-month-olds are fed an appropriate starter semi-solid food by their mothers under the guidance of an *anganwadi* worker (AWW).

Midway through and at the end of the series of meetings (after 10 and 22 meetings, respectively), a larger community meeting is held, where other stakeholders and community leaders receive key messages. At the end of the series, there is a session on participatory evaluation, at which the community evaluates the program's implementation. Depending on the results of the evaluation, additional meetings are held as needed.

MPTAST trains, implements, monitors, and evaluates the project. Trained facilitators from the implementing NGOs and the SLRM (one facilitator per 11–14 village clusters) plan and conduct the meetings for each topic, maintain attendance data, record meeting notes, and carry out follow-up action, when needed. Community mobilizers (one per village) assist facilitators with mobilizing women and SHG members to attend the PLA meetings. Local government health and Integrated Child Development Services (ICDS) functionaries actively participate in the PLA meetings. One cluster coordinator is appointed for every 5–10 facilitators to maintain quality and monitor the activity of the meetings. Each cluster coordinator mentors the facilitators as needed and resolves local issues needing attention. A district PLA coordinator oversees the functions of the PLA facilitators and cluster coordinator by conducting monthly reviews of the meetings, checking the management information system, and serving as the link between state MPTASTs and the field staff. The cluster coordinators



and facilitators are contractual staff employed by SLRM or NGOs in their respective districts.

With a view to ensuring sustainability, the program is strategically led by an existing government program—the SLRM—and builds upon an existing network of SHGs. The intent is that essential elements of the program can be carried forward by these SHGs after the project ends, even if the form and frequency of the structured PLA meetings change.

## KEY FINDINGS

As of March 2015, 16,824 PLA meetings have been held in the eight intervention districts. Some of the key emerging findings given below are based on routine monitoring data collected at each meeting, where women are questioned about their understanding, recall, and practice of the messages of the previous meeting; a compiled report of data provided by seven cluster coordinators representing 100 PLA facilitators (MPTAST and MPHSRP 2015a); and a quantitative report summarizing trends in ICDS service utilization before and after the program based on monthly data collected from AWWs in 14 blocks where the program is implemented (MPTAST and MPHSRP 2015b).

- ▶ Approximately 80 percent of PLA meetings are being held with marginalized rural-tribal communities, whose women have shown a high receptivity to the PLA approach.
- ▶ On average, 25–40 women attend meetings and show high recall of the messages.
- ▶ More than 80 percent of women attending IYCF sessions report increased knowledge of how to enrich complementary feeding and feed the required quantity to the child.
- ▶ There has been an increased uptake of ICDS services, such as take-home rations and baby weighing.
- ▶ Groups practice local solutions, for example, bringing their own complementary feeding recipes from home and feeding their children.
- ▶ Attendance of Department of Health-ICDS functionaries in the PLA meetings (for example, AWWs participate in more than half of the meetings) has reduced social distance between the families and the functionaries and enhances the use of services.

- ▶ Over time, men's interest in PLA meetings and their support to their women to attend these meetings has increased.

One challenge in implementing the program has been reaching those who are located far from the meeting site in remote tribal hamlets or are unable to attend the meetings because of seasonal heavy workload in the harvesting or sowing periods. In response, implementers have changed the meeting venues as needed, have held the meetings early in the morning or evening, and for migrant women, have made home visits.

Another challenge has been the resistance on the part of mothers-in-law to changing some of the IYCF practices, such as increasing the quantity or frequency of foods given to the child. In response, implementers have encouraged these women to attend the meetings, and their resistance has decreased over time.

## CONCLUSION

An endline evaluation report of *Sanjhi Sehat* will be available in December 2015. However, experiential learning from the field suggests that the PLA approach appears to be effective in Madhya Pradesh, especially in reaching marginalized communities and facilitating group learning to change practices and generate demand for services. The endline evaluation will provide insights regarding the processes and impact of this program on the vulnerable groups.

## REFERENCES

- MPTAST (Madhya Pradesh Technical Assistance and Support Team) MPHSRP (Madhya Pradesh Health Sector Reform Programme). 2015a. *What Is the Acceptance and Practice of IYCF Messages in Modules 12-13 of Sanjhi Sehat Program by Women—A Feedback from 100 PLA Facilitators in Seven Districts*. Bhopal.
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Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

## ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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