



HOW TO INCORPORATE PARTICIPATORY NUTRITION TRAININGS IN YOUR PROJECT



Published by:

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH

As a federally owned enterprise, GIZ supports the German Government in achieving its objectives in the field of international cooperation for sustainable development.

Registered offices:

Bonn and Eschborn, Germany

Address:

Securing Nutrition, Enhancing Resilience (SENU)

A2/18, Safdarjung Enclave

New Delhi 110 029 India

T: +91 11 4949 5353

F: +91 11 4949 5391

E: info@giz.de

I: www.giz.de/india

Responsible:

Dr. Anika Reinbott, Project Director, SENU India, GIZ

E: anika.reinbott@giz.de

Acknowledgement:

Ms. Elisabeth Schröder, Junior Advisor, SENU India, GIZ

Ms. Nadine Bader, Advisor, SENU India, GIZ

Ms. Neha Khara, Project Manager, SENU India, GIZ

Ms. Avani Verma, Monitoring and Evaluation Advisor, SENU India, GIZ

Designed by:

Mr. Chamroeun Chim, Communication Specialist, MUSEFO Cambodia, GIZ

Photos:

© GIZ/SENU

GIZ is responsible for the content of this publication

On behalf of the German Federal Ministry for Economic Cooperation and Development (BMZ)

New Delhi, June 2024



Scan to visit our
project website.



CONTENTS

01. Why to include nutrition training modules in your project?.....	2
02. What are Participatory Nutrition Trainings?.....	3
0.3 Actors and Stakeholders in Nutrition Trainings.....	5
0.4 How to include participatory nutrition training in your project!.....	6
05. Success Factors & Challenges in the Implementation of Nutrition Trainings (N-PLA)	8
06. Impact and Output Assessment	10
07. Replicability.....	11
08. Links.....	12
09. Literature.....	13

01

Why to include nutrition training modules in your project?



Fig. 1: Cover of SENU's Training Manual (Round 2.0) for Participatory Nutrition Education.

Nutrition is core to the healthy development of individuals and determines the overall wellbeing throughout their lives. Poor nutrition in childhood and poor maternal nutrition can have long-lasting negative effects, perpetuating a cycle of malnutrition across generations. Poor nutrition during pregnancy can even lead to epigenetic changes in the genes of the child (Nutrition First: from Surviving to Thriving, from Surviving to Thriving, n.d.). These changes can [influence a child's growth and development](#) (Addo et al., 2013) and [potentially be passed on to subsequent generations](#) (Victora et al., 2008a).

By fostering nutrition knowledge and competencies of women and caregivers, they are empowered to make informed choices about their diets and overall wellbeing, leading to an improved nutritional situation of families with healthy growth and cognitive development in infants and young children. Adequate nutrition is especially crucial during pregnancy, breastfeeding, and early childhood. Further, nutrition trainings also focus on diverse and local diets which can increase the demand of diverse

foods and hence goes hand in hand with the [principles of agroecology and sustainable natural farming](#).

Often it is perceived that increased productivity and income automatically lead to an improved nutritional status. However, this is not the case as stated in the review "[Nutrition-sensitive agriculture: What we have learned so far?!](#)" (Ruel et al., 2018) and a review on the [association between economic growth and early childhood undernutrition in 36 low- and middle-income countries](#) (Vollmer et al., 2014). [There is no consistent link between economic growth and reduced child nutrition in India](#) (Subramanyam et al., 2011).



These changes can influence a child's growth and development and potentially be passed on to subsequent generations.

With more financial resources, people are likely to spend it on essential items such as mobile phones, motorbikes, housing, clothing or even unhealthy processed foods (Huffman et al., 2019; Monsivais et al.). Consequently, to improve nutritional situations in families, income generation through agricultural production should be paired with nutrition trainings that follow a social and behaviour change approach (Kim et al., 2017; Headey et al., 2016). This will ultimately result in a win-win situation: through improved knowledge and desirability for healthier diets, and increase in demand for local produce.



02

What are Participatory Nutrition Trainings?

Nutrition trainings through Participatory Learning and Action (N-PLA) is an approach that the Indo-German development cooperation project “Securing Nutrition, Enhancing Resilience (SENU)” implements in the six districts of Madhya Pradesh and Maharashtra, India. The N-PLA training sessions mainly cover three topics: Nutrition, Water, Sanitation and Hygiene (WASH) and growing nutritious foods. Further, awareness, reflective thinking and deeper conversations on gender roles and socio-cultural power dynamics are included as cross-cutting themes and mainstreamed through the trainings. The facilitator’s role is to encourage community members to

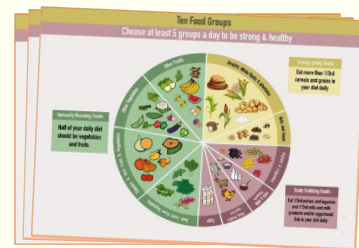


Fig. 2: Poster which depicts the ten food groups for a healthy diet to be used for educational purposes (e.g. training manuals).

build their capabilities to identify and address their own nutrition-related issues with local, sustainable, (small) doable actions. The pedagogy for facilitation of the meetings is based on social behaviour change approaches using participatory tools, like role play, storytelling, picture cards, and games to conduct the meetings in an interesting and creative manner. SENU implements this with the support of Anganwadi frontline workers by conducting 20 N-PLA meetings following an in-depth comprehensive approach. This can be tailored and adapted

to the interested projects and other settings (examples are provided under 7. Replicability). The project developed a compressed version to target sustainable agriculture service providers including community resource persons (CRPs) or farmer resource persons (FRPs) to facilitate trainings or meetings with farmers on good nutrition and hygiene behaviours. The compressed version mainly focuses on thematic topics such as understanding of the malnutrition cycle, role of infant and young child feeding practices, dietary diversity and maternal nutrition to improve overall health and wellbeing of mother and children.

“

...mainly focuses on thematic topics such as understanding of the malnutrition cycle, role of infant and young child feeding practices, dietary diversity and maternal nutrition...

PROMOTED KEY BEHAVIOURS / OUTCOMES TO ACHIEVE

NUTRITION

Breastfeeding

- ☑ Starting point
- ☑ Duration

Complementary feeding

- ☑ Starting point
- ☑ Meal frequency
- ☑ Amount
- ☑ Consistency
- ☑ Feeding technique

Dietary Diversity of

- ☑ Women (adolescent, pregnant & lactating)
- ☑ Children (6-23 months)

HYGIENE

- ☑ Handwashing at critical times
- ☑ Handwashing station with soap
- ☑ Food storage
- ☑ Food handling
- ☑ Water treatment
- ☑ Water storage
- ☑ Defecation

- ☑ CNG grow ≥ 7 types / HNG grow ≥ 4 types of seasonal, nutrient-rich vegetables, millet, fruits during the rainy and dry season
- ☑ household / CNG members use harvested crops for homestead consumption; only unused surpluses are sold
- ☑ crop rotation, soil quality check, organic manure, quality seeds

- ☑ water retention, harvesting and irrigation methods
- ☑ use low-cost fencing methods to protect crops from livestock
- ☑ follow recommended harvesting and post-harvesting practices

FOOD PRODUCTION

03

Actors and Stakeholders in Nutrition Trainings



The target audience are women in childbearing age and family members/caretakers including men and mothers-in-law, as well as women self-help group members.

Trainers/facilitators can be frontline workers such as *Anganwadi* workers (social workers), community resource persons or farmer resource persons, Accredited Social Health Activist (ASHA), consultants by the Krishi Mitra Foundation, community volunteers (Indian context).

Institutions to anchor the nutrition training can be the Departments for Women & Child Development (DWCD), Education, Health & Family Welfare, Agriculture, and other government organisations such as the National Bank for Agriculture and Rural Development (NABARD), Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA), State Rural Livelihood Mission (SLRM) and academic institutions.

In Madhya Pradesh, the project implements the nutrition trainings in collaboration with **Welthungerhilfe (WHH) India** working with local partners and support the implementation of the on-ground sessions through *Anganwadi* workers.



04

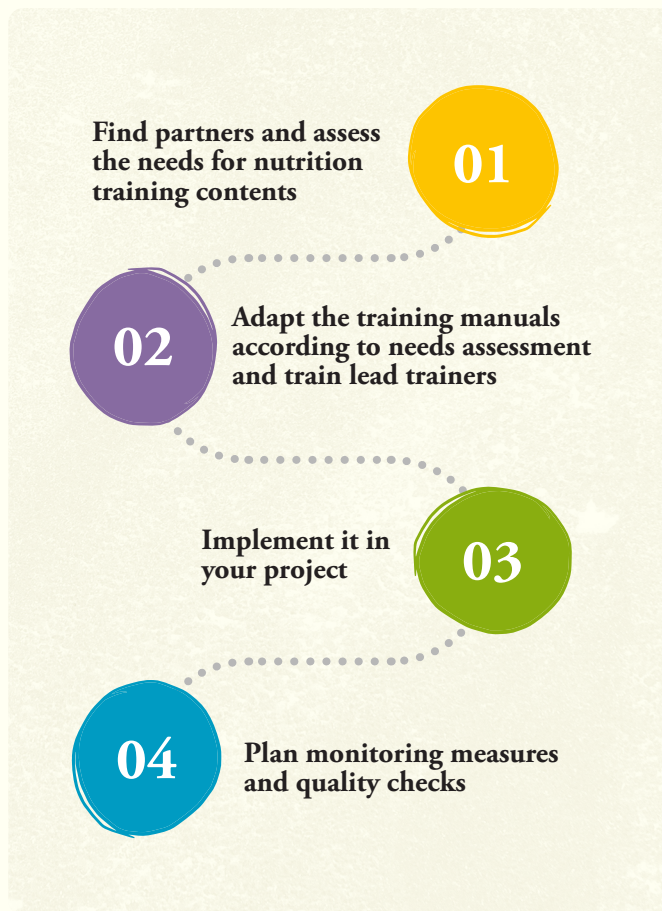
How to include participatory nutrition training in your project!

First step: Assess the needs for nutrition trainings in communities, and collaborate with implementation and government partners for implementing in your projects.

Second step: Adapt the training manuals (SENU N-PLA Round 01 Module, SENU N-PLA Round 02 Module, SENU N-PLA Round 03 Module, compressed module) provided by SENU according to needs assessment and train lead trainers.

Third step: Implement it in your project with the partners.

Fourth step: Plan monitoring measures and quality checks to evaluate the learnings (M&E framework and training quality checklist available with SENU).



How have these steps looked like for SENU?

1. Find partners and assess the needs for nutrition training contents

- * Collaborating with DWCD: Districts were chosen where nutrition training is actively administered in Maharashtra and Madhya Pradesh.
- * Formative study to bridge the Knowledge-Action Gap: Identification of barriers and enablers towards recommended nutrition, hygiene and food production practices.

01



02

2. Adapt the training manuals according to needs assessment and train lead trainers

- * Development of nutrition training modules and toolkits (PLA Approach): Collaborative effort with implementation and local partners

3. Implement it in your project

- * Cascading Methodology from the state to village level: Master trainers are trained by local NGOs lead trainers who in turn train *Anganwadi* Workers to facilitate N-PLA sessions effectively

03



04



4. Plan monitoring measures and quality checks

- * Monitoring the implementation of nutrition trainings through pre- and post-tests with *Anganwadi* Workers, random sample surveys with the community to assess the knowledge increase

05

Success Factors and Challenges in the Implementation of Nutrition Trainings (N-PLA)



SUCCESS FACTORS

A **gender transformative approach** to shift gender norms for enduring change (Learn more about it in our Research Brief “[From evidence to action: Towards a gender transformative approach in Nutrition](#)”).

The **utilisation of a Social and Behaviour Change (SBC) strategy** to conceptualise the training content and tools (Learn more about it in our Research Brief: [Social Behaviour Change \(SBC\): From Knowledge to Action](#)). These lay the groundwork for sustainable change.

Training of Trainers on strengthening behaviour change skills of trainers and a gender-sensitive perspective supports actual change and goes beyond just transferring knowledge. Thereby, the **knowledge cascades into communities**, fostering an enabling environment. (Have a look into SENU’s Strengthening Behaviour Change Skills to Facilitate Effective Trainings Manual and DWCD SBC Manual)

Nutrition trainings should be paired with increased **awareness about nutrition-related schemes**.

Using **tailored and key positive messages**, as they have a greater impact towards social behaviour change in nutrition and hygiene practices than negative scenarios.

Monitor systematically the quality of nutrition education and act upon the findings (find here an example for a checklist).

CHALLENGES

The project has to **navigate participation limits** often influenced by factors like **seasonal migration**. This mobility can affect the consistency of engagement.

The **trainer skills and commitment** vary from person to person and can affect the quality of training imparted.

Knowledge-Action Gap: Knowledge does not automatically translate into practice.

A **high (seasonal) workload** can limit the time and energy available for the sessions conducted.

In villages **harmful traditional nutrition beliefs** circulate. These myths, like the prohibition of consuming lemons during pregnancy, can hinder the project's message from gaining full traction.

Gender dynamics play a role, as men's involvement in family nutrition often has limitations. Their awareness of nutritional principles may be lacking, impacting effective support. **Further, men have other priorities**, than taking part in nutrition training but are important stakeholders of the process.



06

Impact and Output Assessment



In the project districts, participation in nutrition trainings led to an increase in consumption of nutritious food, based on improvements of internationally standardised nutrition indicators (WHO, FAO).

Phase 1 (Impact)

2015-2021:

- ⦿ Dietary diversity of women (15 to 49 years) increased, 60% women consuming at least 5 out of 10 food groups (which is defined as micronutrient adequate diet, MDD-W) 2021 vs. 40% in 2015
- ⦿ Consumption of provitamin-A rich fruits and vegetables increased from 9% to 55% among women and children (6 to 23 months)
- ⦿ 2015-2021: Children's (6 to 23 months) consumption of provitamin-A rich fruits and vegetables increased by 42%

Phase 2 (Output assessment)

2022-2023:

- ⦿ Baseline of knowledge and awareness in 2022 (42.6%) → 48.3% increase in nutrition knowledge and a 50.6% increase in hygiene knowledge among women in Madhya Pradesh and Maharashtra



07

Replicability

The participatory nutrition training is replicable under different projects working in various thematic areas such as energy, livelihood, agriculture. SENU supports the replication of the N-PLA approach

through NABARD and its partners in a livelihood programme under the Tribal Development Fund (TDF) in their implementing districts in Maharashtra. They use N-PLA trainings for their Community Resource Persons (CRPs). The participating CRPs report that the training has enabled them to speak more confidently with community members about nutrition issues.

The community members' trust in the CRPs has been strengthened by the increase in communication skills. An increased understanding of healthy eating can also be observed among all participants. In addition, a more compact version of the N-PLA approach, adapted to the needs of NABARD, MGNREGA and SRLM, is being developed to promote nutrition training for scaling up by other partners such as NABARD and the Department of Panchayat and Rural Development.



08

Links



MANUALS:

SENU NPLA Round 01 Module Hindi

SENU NPLA Round 02 Module Hindi

RESEARCH:

Social Behaviour Change (SBC): From Knowledge to Action

Social Behaviour Change Research on Enablers on Enablers and Barriers to Practicing Promoted Nutrition and Hygiene Practices in Madhya Pradesh and Maharashtra, India

From evidence to action: Towards a gender transformative approach

PRESENTATIONS:

Presentation SeNU project, baseline, SBC findings

GIZ SENU collaboration with NABARD_20230622.pptx

SeNU project, baseline, SBC findings pt.pptx

VIDEOS:

Film on Participatory Learning and Action Approaches to improve food and nutrition security (N-PLA)

Film on Nutrition Education in a livelihood project (NABARD)

Literature

- Addo, O. Y., Stein, A. D., Fall, C. H., Gigante, D. P., Guntupalli, A. M., Horta, B. L., Kuzawa, C. W., Lee, N., Norris, S. A., Prabhakaran, P., Richter, L. M., Sachdev, H. S., Martorell, R., & Consortium on Health Orientated Research in Transitional Societies (COHORTS) Group (2013). Maternal height and child growth patterns. *The Journal of pediatrics*, 163(2), 549–554. <https://doi.org/10.1016/j.jpeds.2013.02.002>
- Headey, D., Hoddinott, J., & Park, S. (2016). Drivers of nutritional change in four South Asian countries: a dynamic observational analysis. *Maternal and Child Nutrition*, 12(S1), 210–218. <https://doi.org/10.1111/mcn.12274>
- Huffman, S. K., Rizov, M., & Wang, J. (2019). Income and consumption-based disparities in nutrient availability between high- and low-income households. *Nutrients*, 11(10), 2340.
- Kim, S. S., Nguyen, P. H., Yohannes, Y., Abebe, Y., Tharane, M., Drummond, E., Frongillo, E. A., Ruel, M. T., & Menon, P. (2019). Behavior Change Interventions Delivered through Interpersonal Communication, Agricultural Activities, Community Mobilization, and Mass Media Increase Complementary Feeding Practices and Reduce Child Stunting in Ethiopia. *The Journal of Nutrition*, 149(8), 1470–1481. <https://doi.org/10.1093/jn/nxz087>
- Monsivais, P., Perrigue, M. M., Adams, S. L., & Drewnowski, A. (2013). Measuring diet cost at the individual level: a comparison of three methods. *Euro-pean Journal of Clinical Nutrition*, 67(11), 1220–1225. <https://doi.org/10.1038/ejcn.2013.176>
- Ruel, M. T., Quisumbing, A. R., & Balagamwala, M. (2018). Nutrition-sensitive agriculture: What have we learned so far? *Global Food Security*, 17, 128–153. <https://doi.org/10.1016/j.gfs.2018.01.002>
- Victora, C. G., Adair, L., Fall, C., Hallal, P. C., Martorell, R., Richter, L., & Sachdev, H. S. (2008). Maternal and child undernutrition: consequences for adult health and human capital. *Lancet*, 371(9609), 340–357. [https://doi.org/10.1016/S0140-6736\(07\)61692-4](https://doi.org/10.1016/S0140-6736(07)61692-4)
- Vollmer, S., Harttgen, K., Subramanyam, M. A., Finlay, J., Klasen, S., & Subramanian, S. V. (2014). Association between economic growth and early childhood undernutrition: evidence from 121 Demographic and Health Surveys from 36 low-income and middle-income countries. *the Lancet. Global Health/the Lancet. Global Health*, 2(4), e225–e234. [https://doi.org/10.1016/S2214-109X\(14\)70025-7](https://doi.org/10.1016/S2214-109X(14)70025-7)
- Subramanyam, M. A., Kawachi, I., Berkman, L. F., & Subramanian, S. V. (2011). Is Economic Growth Associated with Reduction in Child Undernutrition in India? *PLoS Medicine*, 8(3), e1000424. <https://doi.org/10.1371/journal.pmed.1000424>

