



Session Manual

# Orientation Workshop on Nutrition & Food Security For Partners

**BMZ Global Programme India (2021 to 2024)** is a community-led cluster program implemented by Caritas India and her 23 partners in 4 priority Indian states with the support of German Federal Ministry for Economic Cooperation and Development (BMZ) and Caritas Germany. The program is multifocal with four development themes: Resilience to natural calamities; enhanced Nutritional and Food Security, Social Inclusion and Civil society learning being implemented in over 260 villages in the states of Assam, Bihar, Odisha and West Bengal towards achieving the targets of the Sustainable Development Goals 2 (Zero Hunger), 10 (Reduced Inequalities) and 13 (Climate Action).

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Caritas India  
CBCI Centre, 1 Ashok Place  
New Delhi 110001  
Email: [director@caritasindia.org](mailto:director@caritasindia.org)  
Web: [www.caritasindia.org](http://www.caritasindia.org)  
Phone: +91 11 233 63390

Session Manual

# **Orientation Workshop on Nutrition & Food Security For Partners**

**BMZ Global Programme**

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# 1. Introduction

The session manual aims to guide the partners to get in-depth understanding on the conceptual and operational components under the Food and Nutritional Security (F&NS) segment in the BMZ Global Program. The manual is designed as a guidance note while conducting the orientation workshops and hence, the directors, program coordinators, community animators of the respective partners who are going to facilitate the program activities at various levels will be provided better clarity on the programmatic and operational aspects under the N&FS theme of the program.

The session manual will bring out the technical, programmatic and informative needs of the program and the participants and will cover in detail the various aspects of food security like concept, terminologies, tools, technique, similarly with nutrition, civil society learning, networking and social inclusion. In general, the manual will give a detailed outline on the results, activities and implementation strategies in align with the BMZ Global Program objectives under the N&FS theme. Besides, the manual will role of agriculture and livelihood activities in terms of addressing the issue of food security and nutrition.

## Importance

1. Understanding the Food security and nutrition in BMZ Global Program as it holds equally challenging aspect in terms of extending services to most under-privileged section of the society belonging to SC, ST and minority section of the community.
2. Ensure effective implementation of the designed intervention and activity
3. The entire program design aspires to attain the improved & sustainable accessibility, inclusivity and healthy way of life for the most marginalized people in the most vulnerable pocket of the community.
4. Best practices on homes-based N&FS/replicable models to be shared and scope of replication in local context
5. In- depth understanding on the Log-frame and results work connected N&FS theme of the program
6. Partners have to prepare -specific action plan and process note by deriving appropriate strategies

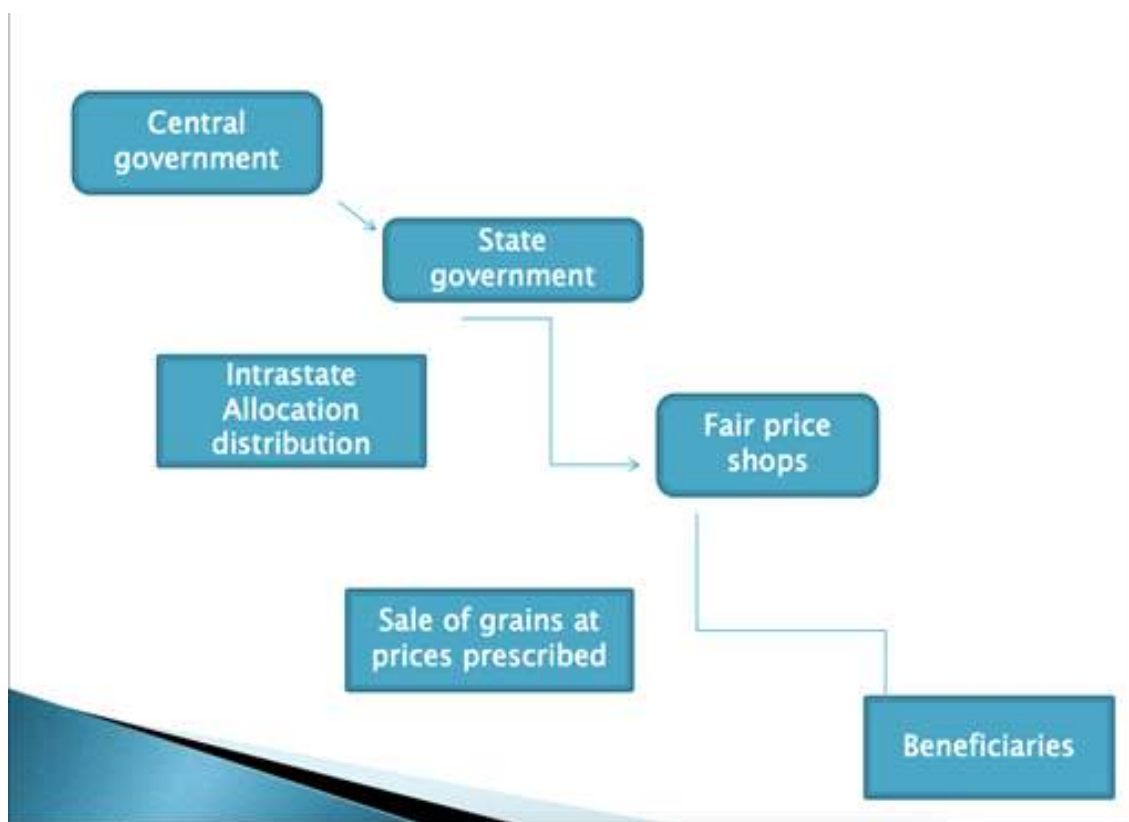
## Applicability of the document

The module will enable the participants & partners in understanding: -

1. the concept of Nutrition, food security and social inclusion as cross cutting aspects
2. the overall concept, outcomes, strategies and process of implementation of the project
3. the concept on Networking & Dialogue
4. the process of documentation.

## 2. Conceptual Understanding of Food Security & Nutrition

### Food Security: Definition & Dimension



The institutional setup of the flow of food security mission

### Definition

Food is as essential for living as air is for breathing. But food security means something more than getting two square meals. Food security has following dimensions

- availability of food means food production within the country, food imports and the previous year's stock stored in government granaries.
- accessibility means food is within reach of every person.
- affordability implies that an individual has enough money to buy sufficient, safe and nutritious food to meet one's dietary needs.
- Thus, food security is ensured in a country only if;
- enough food is available for all the persons,
- all persons have the capacity to buy food of acceptable quality and
- there is no barrier on access to food.



Food security exists when all people, at all times, have physical and economic access to sufficient safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life. - 1996 World Food Summit

From this definition, four main dimensions of food security can be identified:

**1. Physical AVAILABILITY of food**

Food availability addresses the “supply side” of food security and is determined by the level of food production, stock levels and net trade.

**2. Economic and physical ACCESS to food**

An adequate supply of food at the national or international level may not in itself guarantee household level food security. Concerns about insufficient food access have resulted in a greater policy focus on incomes, expenditure, markets and prices in achieving food security objectives.

**3. Food UTILIZATION**

Utilization is commonly understood as the way the body makes the most of various nutrients in the food. Sufficient energy and nutrient intake by individuals is the result of good care and feeding practices, food preparation, and diversity of the diet and intra-household distribution of food. Combined with good biological utilization of food consumed, this determines the nutritional status of individuals.

**4. STABILITY of the other three dimensions over time**

Even if your food intake is adequate today, you are still considered to be food insecure if you have inadequate access to food on a periodic basis, risking a deterioration of your nutritional status. Adverse weather conditions, political instability, or economic factors (unemployment, rising food prices) may have an impact on your food security status

## The Severity of Food Insecurity

The food insecurity is not mere unavailability of food items for intake but it has deep rooted effect on the entire life cycle of the human being, nations and its productivity. While poverty is undoubtedly a cause of hunger lack of adequate and proper nutrition itself is an underlying cause of poverty.



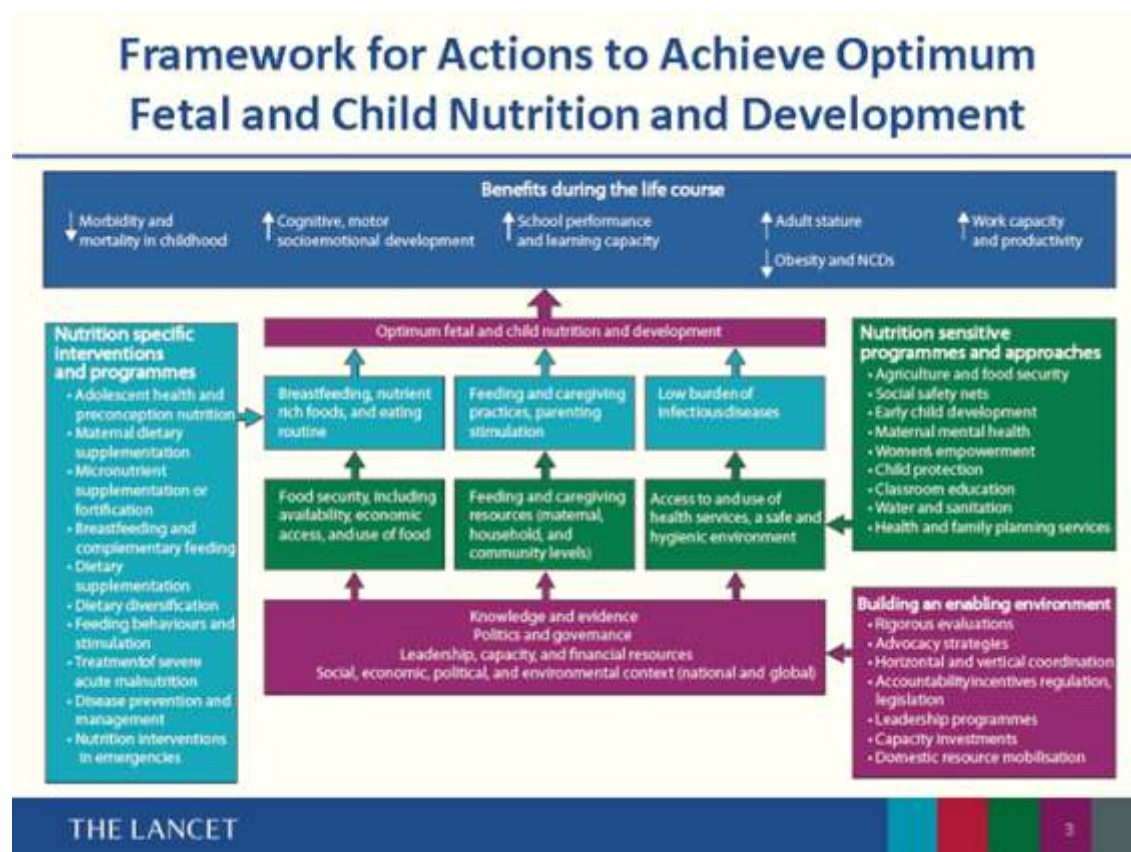
## Nutrition & Public Health

Nutrition has always been a key development indicator. Good nutrition allows for healthy growth and development of children, and inadequate nutrition is a major contributing factor to child mortality. Good nutrition is also important for cognitive development, and hence educational success, both of which are important determinants of labour productivity and hence economic growth. Good nutrition also implies balance – neither undernutrition nor over nutrition.

Malnutrition during critical stages of the life cycle has serious consequences on the health of human beings throughout their life span and forms an intergenerational cycle. Malnutrition in early life and adolescence, while the adolescent growth spurt is still in process, and early marriage and childbearing, lead to the birth to low-birth-weight babies. Female infants born with low birth weight suffer a cycle of malnutrition during the current life and become a cause for malnutrition in the next generation. It is often said that the health of a new-born depends on the health of his maternal grandmother when she was carrying his mother in her womb.

Taking due care of nutrition throughout the life cycle of the people, especially for women during the critical stages of adolescence, pregnancy and lactation, and for infants during breastfeeding and complementary feeding, followed by early childhood, is important for human development and for achieving sustainable development.

### 2.1. Introduction to Public Health Nutrition





Public health nutrition is the field of study that is concerned with promotion of good health through prevention of nutrition-related illnesses / problems in the population, and the government policies and programmes that are aimed at solving these problems

In any society, nutritional problems are not just linked to food but there are a variety of interacting/interrelated factors at various levels that have their roots in poverty. The situation becomes worse when a substantial proportion of families do not have access to basic amenities. Rural households have less access to toilets. Poor sanitation results in loss of work days and further economic loss. Further, considerable proportion of the population does not have safe drinking water. Working days are lost each year due to water borne diseases.

#### **The field of PHN:**

- Strive to improve or maintain optimum nutritional health of whole population
- Emphasize health promotion & disease prevention
- Use multiple channels to reach to community & influence community
- Requires organized & integrated community nutrition efforts with state leadership

#### **Knowledge of public health nutrition is important for following reasons:**

- Malnutrition free India is goal for productive India
- Dietary factors are associated with five of the ten leading causes of death
- Maternal & Child nutrition set stage for life
- Vulnerable subgroups are at high risk for nutritional problem

## **2.2. Nutritional Problems in India**

It is important to know about the nutritional problems in our country. Let us discuss these in brief:

- a) Protein- Energy Malnutrition (PEM):** Can be found in every society, even in developed and industrialized countries, although the numbers are fewer in the latter as compared to developing countries. It is caused by inadequate food intake vis-a-vis the requirements, i.e., insufficient intake of the macronutrients (energy and protein). It is assessed by evaluating the anthropometric measurements (weight, height, head chest circumference, etc.).
- b) Iron-deficiency Anaemia (IDA):** It is the most common nutritional disorder in the world and is prevalent in both developed and developing countries. The vulnerable groups are women in child-bearing age, adolescent girls, pregnant women and school age children.
- c) Vitamin A deficiency (VAD):** Vitamin A is necessary for maintenance of healthy epithelium, normal vision, growth and immunity. Deficiency of vitamin A results in night blindness which progresses to complete blindness if corrective measures are not taken. Also, there is less resistance to infection and growth may be adversely affected.
- d) Iodine deficiency disorders (IDD):** Iodine is required for normal mental and physical growth and development. The term 'Iodine Deficiency Disorders' refers to a spectrum of disabling conditions that affect the health of humans, from fetal life through adulthood due to inadequate dietary intake of iodine. Deficiency of iodine results in insufficient amount of thyroid hormone which is synthesized by the thyroid gland.

- e) Iodine deficiency during pregnancy has several adverse effects specially resulting in mental retardation and congenital abnormalities of the fetus. Unfortunately, this effect is irreversible.

## **2.3 What constitutes good feeding of children in practice?**

During the period of 0-24 months, it is essential to ensure that children are breastfed optimally and given appropriate complementary foods.

### **Breastfeeding**

- All infants are breastfed for the first time within the first hour after delivery.
- All infants are exclusively breastfed during the first 6 months (180 days) - this means giving only mother's milk – no pre-lacteals (ghutti, gripe water, etc.), no water (not even in summer), no formula milk, no other milk and no food
- Children are breastfed until 24 months of age.
- No children are fed with bottles and pacifiers.

## **2.4 Complementary Feeding**

- All infants and young children (6-23 months) are given semi-solid and/or solid foods starting at 6 months (180 days). Food should be of the appropriate consistency and density
- All infants and young children (6-24 months) are fed the recommended number of meals daily depending on their age
- All infants and young children (6-24 months) are fed the recommended quantity of food each day depending on their age
- All children are fed diverse food (four or more food groups), including animal source foods where possible
- All children are given iron-rich or iron-fortified food daily.
- All infants and young children are supported and motivated to eat to satiety during mealtimes

## **2.5 What constitutes good sanitation in practice?**

- Handwashing, avoiding fomites (such as sari pallu), food hygiene
- Using safe drinking water sources
- Using hygienic toilets

## 3. Role of Agri-related activity

### 3.1 Community based practices-Kitchen Garden

The Program will work with communities to help them achieve food and nutrition security by increasing food and nutrition availability by maximizing yield of food crops per unit of land. Women and men farmers, owners of marginal landholding, and agricultural Labour will be trained on nutrition gardens and landless agriculture practices in locally relevant context. The measures for increasing food and nutrition availability are;

- Popularizing vegetable cultivation with nutrition gardens on homesteads.
- Bringing about a positive crop preference from cash crop to food crops.
- Promotion of land rejuvenation and popularizing conservation of soil and water.

Maha-dalit community is largely landless and they are earning livelihood from wage labour in farm sector. Innovative and locally-suitable food production methods need to be identified for helping landless or marginal-holding households to achieve food and nutrition security. Considering the lack of dietary diversity, which is essential for the good health, of Marginalised community, innovative and sustainable micro-farming solutions will be identified and promoted for helping households grow vegetables in their homesteads for meeting at least some part of their vegetable needs. Some of the measures that will be promoted for achieving nutrition sufficiency are promotion of household level micro-vegetable farms or nutrition gardens, sensitisation on locally available uncultivated food.

Proven solutions like landless farming, live-fencing, micro-vegetable units etc needs to be popularised. Maha-dalit community does small scale cultivation. The intervention will inform communities of the nutrition value of locally available trees like Moringa (*Moringa olifeira*), jackfruit (*Artocarpus heterophyllus*), papaya, mango, lemon, gooseberry and other such local trees and encourage them to plant these as boarder cultivation. Helping the community grow safe food with organic farming will be one of the other priorities of the intervention for ensuring that the already malnourished community is not forced to consume food with toxic load. This initiative will ensure that communities, who cultivate on their own land, save money on inputs like pesticides and chemical fertilisers. The frequent floods affect the tenants more than the owners of farm land. The intervention will seek ways to make share-cropping more profitable for Marginalised, through landless farming and alternative livelihood practices.

### 3.2 Animal Husbandry

Promotion of Animal husbandry will be one of the initiatives for ensuring nutrition sufficiency of Mahadalit community. It is well recognized that humans depend upon animals for income, employment, food, social security, fuel (dung cakes), cultural aspects and a variety of other reasons. The animal production system in India is principally part of a mixed crop-livestock farming system and important for the security and survival of large number of poor populaces. It is an integral component of Indian agriculture supporting

livelihood of more than two-thirds of the rural population. Animals provide nutrient-rich food products, draught power, dung as organic manure and domestic fuel and are a regular source of cash income for rural households. For smallholders in rural areas, it is an important source of income and labor-saving, productive assets. It also contributes to nutrition, as animal sourced foods are important, especially to reduce child stunting and malnourishment.

**3.2.1 Poultry Farming. Backyard Poultry Farming.** This particular avenue can serve as a backbone for the “Food Security Model” for the rural poor. The government has supported many projects which led to the evolution of this sector among the rural areas. Backyard poultry can be reared with minimum inputs and they can be reared easily in a group of 10-20 with minimal investment and can be easily handled by the children and women of the house. The birds in turn provide sustainable source of valuable protein in the form eggs and provide meat at the end of their laying cycle, thus giving an edge to the farmers for low cost and healthy food.

**3.2.2 Goat Farming.** Goat and sheep are called as 'Mortgage Lifters' and comes under the category of small ruminants. Goat is known as “Poor man's cow” because of its multifarious benefits in spite of low investment. Goats are reared by poor sections for milk primarily and meat secondarily. Goats support the food web for the weak sections of the society. Goats can be reared with ease as they can thrive on weeds and bushes, tree tops and leaves for sufficing their appetite. Goats can prove to be excellent source of milk, meat and fiber for the rural poor for sustaining their economy and nutrition.

Livestock is a very crucial and vital component of the very agriculture fiber of India, especially in the rural areas. Not only it provides stability to the agricultural rural households at the time of crop failures but also sustain their food demands. Livestock based foods are complete in every aspect being rich in energy, protein and lipids essential for overall development of the human body. There is a dire need of creating awareness among farmers about Good Management Practices and Good Husbandry Practices which can ultimately lead to clean, safe and healthy for both the producing farmers and consumers ensuring food safety and food security.

### 3.3. Indigenous Food Practice

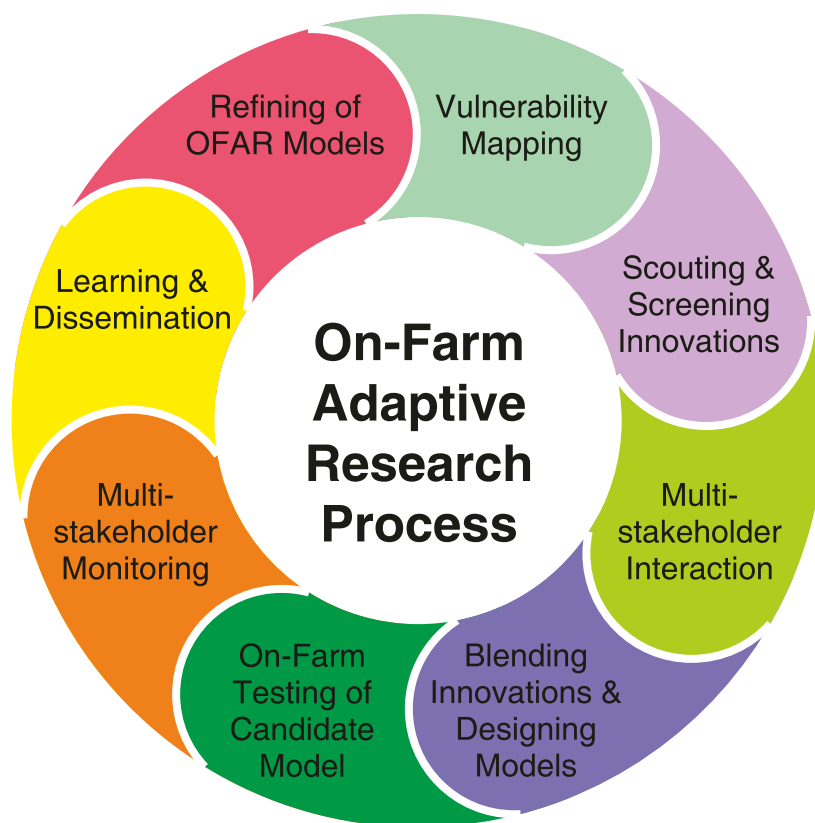
India is rich in indigenous knowledge relating to foods and nutrition. The country is known for its diversity of Indigenous food systems across the length breadth of the country. Indigenous food systems have been a part and parcel of the society catering to the nutritional demands. Indigenous foods are a healthy way of leading life especially in the rural areas. They are regarded as rich sources of vitamins, minerals, proteins, and carbohydrates etc. The inbuilt system of indigenous food is found prevalent in the rural ecosystems. Such food carries a paramount importance for pregnant and lactating mothers and children. The plants and animals used in traditional foods play multiple roles such as to maintain nutritional and medicinal security. (give some examples)

The States has a wide diversity of indigenous foods, which are generally influenced, by the geographic and climatic diversity of the state. Traditionally millets formed a substantial part of diets and cropping in the tribal dominated areas of Odisha. The state has several fermented food items derived from paddy and other crops.

### 3.4. Community Based Process, Models and Practices in Nutrition and Food Security

#### 3.4.1. Smallholder led On-farm Adaptive farming model for Food Security

The base of the approach is a vulnerability mapping to have a thorough understanding of the local agricultural vulnerabilities, challenges, and effect on the food security at the local level. The assessment tool consists of information on the effect of varying climate on each physiological stages of main food crops and its impact on growth, production and thereby food security of the farming family. This tool enables smallholders in assessing their own situation and also acquiring the necessary skills to investigate jointly to get appropriate localised solutions. The scouting and screening of innovations step usually used to assess the availability of local or traditional knowledge and solutions or practices for addressing emerging crop production problems. In the multi-stakeholder interactions, smallholder along with others and stakeholders like agriculture department or regional research stations KVK are exposed to external knowledge platforms to have promising solutions for their problems.



1. Vulnerability Assessment:
  - Identification of Major crops, its problems, and challenges
  - Assessment of impact of food security situation
2. Scouting and Screening innovation:
  - Identification of local innovations and practices
  - Documentation of traditional knowledge
  - Identification of available farm resources



3. Multi-stakeholder interaction
  - Identification of innovation and best practices recommended by stakeholders (local scientific community) i.e. KVK or local research station
  - Capacity building/enhancement and learning sharing
4. Blending of innovations and designing of candidate models
  - Experimental design prepared in coordination with smallholder's representative and scientific community
  - Smallholders identify the resource farmers to Initiation of trials
5. On-farm testing of Candidate model:
  - Resource farmers initiate the trials in a small portion of plot keeping other portion with their own practice
  - Reuse and recycle of available farm resources like manure, water, seed, nutrient management etc
6. Multi-stakeholder monitoring:
  - Introduction of farmers' diary
  - Smallholder internal monitoring
  - Joint monitoring by smallholder, community farmers and stakeholder
7. Learning and dissemination:
  - Farmers to farmers sharing of learning and experiences of trial
  - Documentation of learnings in local language and disseminated in various forms for future replication
8. Refining of Adaptive model:
  - Though smallholder follow the same process but based on the learnings, trials are used for refining for next seasons.

### 3.4.2 Community Managed Nutrition Model

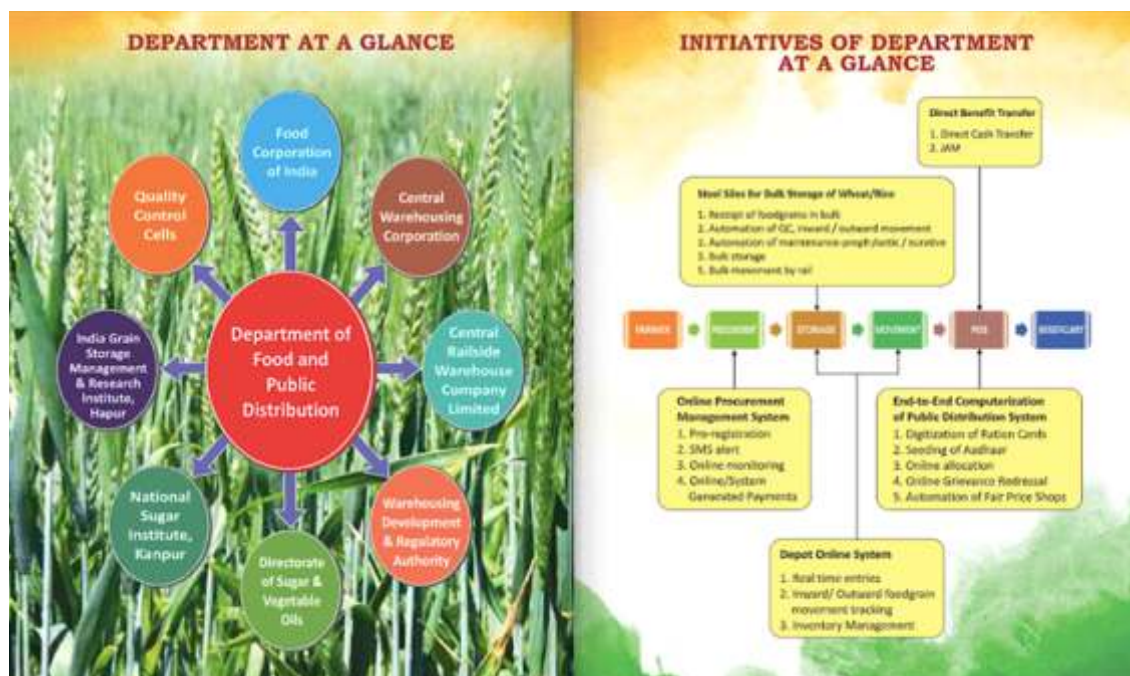
1. Identification of beneficiaries (PLW, mothers and 0-5yrs children)
2. Identification of hamlet wise para worker (a mother/potential (female) volunteer)
  - a. Village level meeting with volunteers, AWC, ASHA, PLW & mothers of 0-5yrs children
3. Assessment of maternal care and child health nutrition status in the community
4. Cluster wise interface meeting with local stakeholders (ICDS/Health departments)
5. Interface meeting with Nutrition Rehabilitation Centre (NRC/MTC)
  - a. Immediate referral of Severely malnourished children
6. Formation of village/ hamlet wise group of mothers/children under moderate category
  - a. Sensitization program for the groups on maternal care and child health in coordination with AWC/ICDS
  - b. Community level learning and sharing workshop among mothers of well-off children and mother of moderate malnourish children
7. Identification/ assessment of locally available food items (village wise)
8. Provision of input supply of food grains/supplements/quality seeds for development of home-based nutrition garden
9. Interface meeting with Nutrition Rehabilitation Centre (NRC/MTC) for technical support in preparation of a balance diet menu out the food items available in the locality

10. Design a 7-10days community level program on positive deviance hearth
  - a. Orientation to mothers of 0-5yrs children on importance of balanced diet and best way of cooking with minimum nutrition loss
  - b. Orientation to mothers to maintain their individual child's record in coordination with AWC/ICDS
11. Cluster level campaign on promotion of local food production during Nutrition week
12. Learning sharing workshop during special days among women and master chef competition to motivate mothers
13. Cluster level learning sessions for AWC, ASHA workers in coordination with NRC and ICDS department
14. Documentation of best practices in local language for replication (IEC materials)

## 4. Institution & Stakeholder

### FOOD SECURITY [Macro, Meso& Micro Level]

- CVO -Chief Vigilance Officer
- IC -International Co-operation
- JS -Joint Secretary
- SA -Sugar Administration NAC
- FCI -Food Corporation of India
- Impex -Import Export
- PD -Public Distribution
- Niti Aayog Cell



### 4.1 Public Distribution System

#### Background

India's Public Distribution System (PDS) is the largest distribution network of its kind in the world. By the 1970s, PDS had evolved into a universal scheme for the distribution of subsidised food. In the 1990s, the scheme was revamped to improve access of food grains to people in hilly and inaccessible areas, and to target the poor. Subsequently, in 1997, the government launched the Targeted Public Distribution System (TPDS), with a focus on the poor. In September 2013, Parliament enacted the National Food Security Act, 2013. The Act relies largely on the existing TPDS to deliver food grains as legal entitlements to poor households. This marks a shift by making the right to food a justiciable right.

#### Importance of PDS

- It helps in ensuring Food and Nutritional Security of the nation.
- It has helped in stabilizing food prices and making food available to the poor at affordable prices.

- It maintains the buffer stock of food grains in the warehouse so that the flow of food remain active even during the period of less agricultural food production.
- It has helped in redistribution of grains by supplying food from surplus regions of the country to deficient regions.
- The system of minimum support price and procurement has contributed to the increase in food grain production

## 4.2 Coverage and Entitlement Under NFSA

NFSA covers up-to 75% of the rural population and 50% of the urban population under Antyodaya Anna Yojana (AAY) and priority households. While AAY entitled to 35 kg of food grains per family per month, priority households are entitled to 5 kg per person per month.

Corresponding to the all-India coverage of 75% and 50% in the rural and urban areas, State-wise coverage under NFSA was determined by the erstwhile Planning Commission (now NITI Aayog) by using the NSS Household Consumption Survey data for 2011-12. Within the coverage under TPDS determined for each State, the work of identification of eligible households is to be done by States/UTs. It is the responsibility of the State Governments/UTs, to evolve criteria for identification of priority households and their actual identification.

## 4.3 Nutrition (Macro, Meso & Micro level)

Umbrella ICDS

1. [Anganwadi Services Scheme](#)
2. [Pradhan Mantri Matru Vandana Yojana](#)
3. [National Creche Scheme](#)
4. [POSHAN Abhiyaan](#)
5. [Scheme for Adolescent Girls](#)
6. [Child Protection Scheme](#)

Children in the age group 0-6 years constitute around 158 million of the population of India (2011 census). These Children are the future human resource of the country. Ministry of Women and Child Development is implementing various schemes for welfare, development and protection of children.

Launched on 2nd October, 1975, the Integrated Child Development Services (ICDS) Scheme is one of the flagship programmes of the Government of India and represents one of the world's largest and unique programmes for early childhood care and development. It is the foremost symbol of country's commitment to its children and nursing mothers, as a response to the challenge of providing pre-school non-formal education on one hand and breaking the vicious cycle of malnutrition, morbidity, reduced learning capacity and mortality on the other. The beneficiaries under the Scheme are children in the age group of 0-6 years, pregnant women and lactating mothers. Objectives of the Scheme are:

- to improve the nutritional and health status of children in the age-group 0-6 years;
- to lay the foundation for proper psychological, physical and social development of the child;

- to reduce the incidence of mortality, morbidity, malnutrition and school dropout;
- to achieve effective co-ordination of policy and implementation amongst the various departments to promote child development; and
- to enhance the capability of the mother to look after the normal health and nutritional needs of the child through proper nutrition and health education.

### Services under ICDS

The ICDS Scheme offers a package of six services, viz.

- Supplementary Nutrition
- Pre-school non-formal education
- Nutrition & health education
- Immunization
- Health check-up and
- Referral services

The last three services are related to health and are provided by Ministry/Department of Health and Family Welfare through NRHM & Health system (Ayushman Bharat). The perception of providing a package of services is based primarily on the consideration that the overall impact will be much larger if the different services develop in an integrated manner as the efficacy of a particular service depends upon the support it receives from the related services.

For better governance in the delivery of the Scheme, convergence is, therefore, one of the key features of the ICDS Scheme. This convergence is in-built in the Scheme which provides a platform in the form of Anganwadi Centres for providing all services under the Scheme.

The delivery of services to the beneficiaries is as follows:

Services	Target Group	Service provided by
(i) Supplementary Nutrition	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	Anganwadi Worker and Anganwadi Helper [MWCD]
(ii) Immunization*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO [Health system, MHFW]
(iii) Health Check-up*	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	ANM/MO/AWW [Health system, MHFW]
(iv) Referral Services	Children below 6 years, Pregnant & Lactating Mothers (P&LM)	AWW/ANM/MO [Health system, MHFW]
(v) Pre-School Education	Children 3-6 years	AWW [MWCD]
(vi) Nutrition & Health Education	Women (15-45 years)	AWW/ANM/MO [Health system, MHFW & MWCD]

\* AWW assists ANM in identifying the target group.



## 4.4. School focused action- Mid-Day Meal Scheme

### About the scheme

The National Programme of Nutritional Support to Primary Education (NP launched on 15th August, 1995 (CSS) with the objective of increasing studying in primary classes (I and to provide nutritional support undergone several changes<sup>1</sup> with regard to coverage, quantity of food grains and financial assistance. In the year 2008-09, the scheme was extended to upper primary classes. The name of the scheme has been changed to 'National Programme of Mid- Day Meal in School popularly known as Mid-Day Meal Scheme.

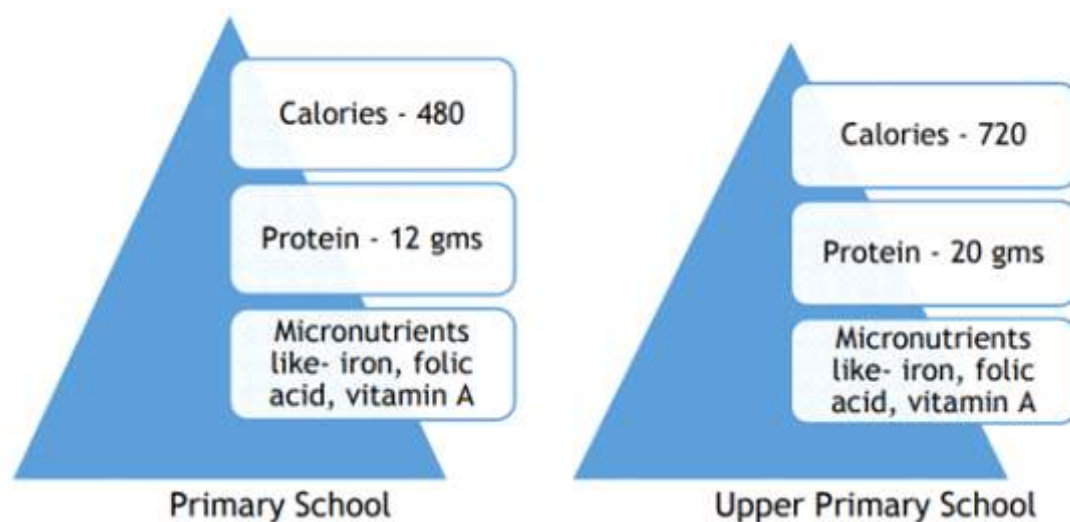
### Objective

The objectives of the scheme are:

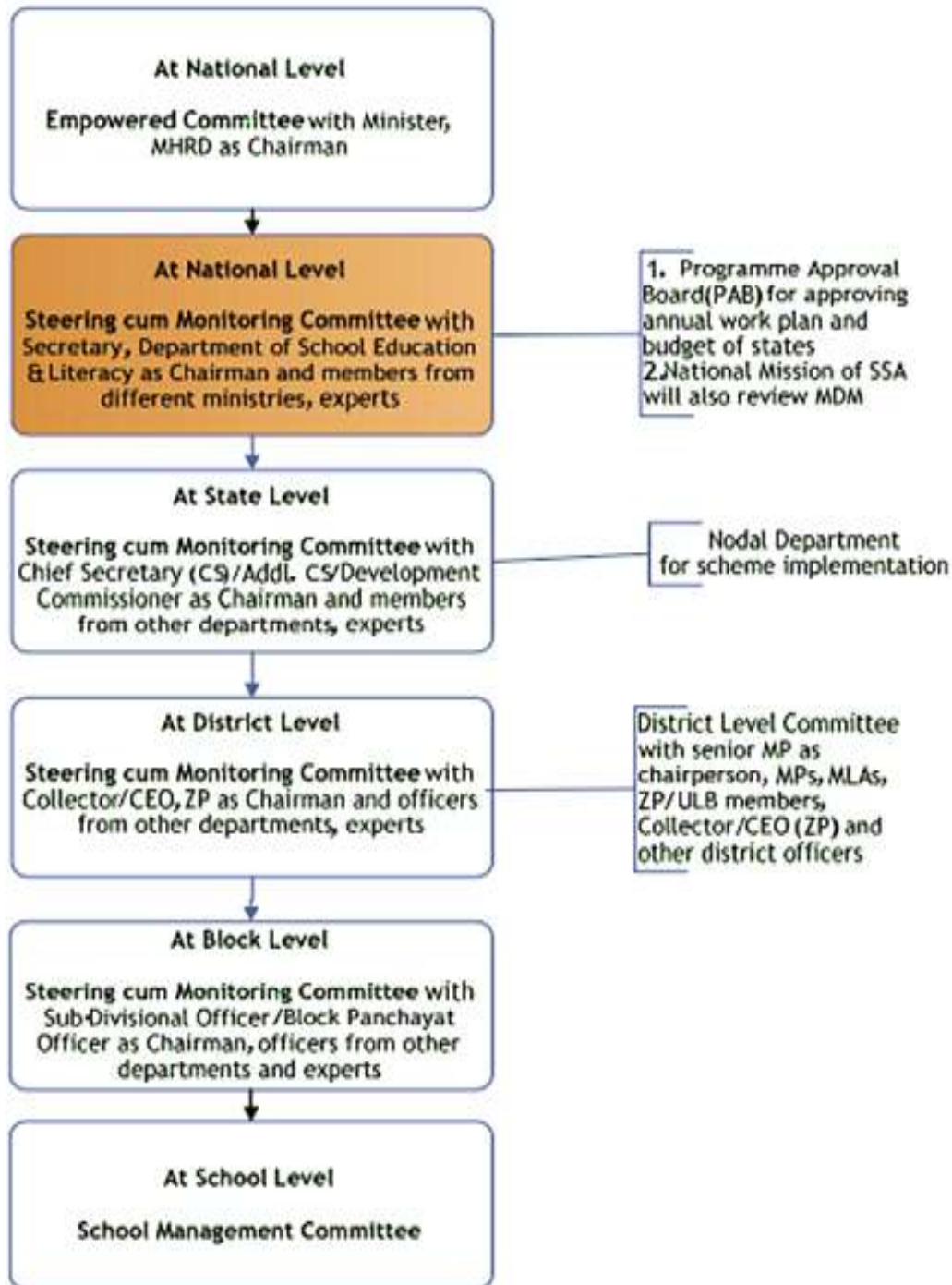
- Improve nutritional status of the children in classes I to and Government-Aided Schools supported under Sarva Shiksha
- Encouraging poor children belonging to disadvantaged sections to attend school more regularly and help them concentrate on classroom activities.
- Providing nutritional support to children of during summer vacation.

### Programme intervention and coverage

To achieve the objectives, the intake with additional components quantity of food calories and protein intake are



## Institutional Framework



## Implementation at District

### Nodal Responsibility at District and Block Level

- State Government shall take steps to designate one Nodal Officer or agency at District level (District Collector/Chief Executive Officer of District Panchayat) and Block Level (intermediate Panchayat) and they will be responsible for scheme implementation at District/Block level.

- States which have devolved the function of education (primary and upper primary) on Panchayats/Urban Local Bodies (ULB), the CEO of District Panchayat or Executive Officer of Block Panchayat will be the nodal officer for programme implementation.

### **Management at local level**

States which have devolved the education function (primary and upper primary) to Panchayats/ULBs, the responsibility of day-to-day supervision of the programme rests with Gram Panchayat/ULB.

### **Day to Day Management at School level**

The day-to-day management of MDM in the school may be assigned to Village Education Committee (VEC)/School Management & Development Committee (SMDC)/School Management Committee (SMC)/Parent-Teacher Association (PTA) by Gram Panchayat/ULB.

## 5.Social Inclusion in Food security& Nutrition

Food security is a human right and it has been recognized in all countries. Right to Food is more important in India. Hunger, malnutrition and poverty are major trio-logical challenges for its development. Hunger and Poverty are also violation of human rights. The right to food is not about charity of people, but about ensuring that all people, at all-time have the capacity to food themselves in order to retain their dignity.

The National Food Security Act is one of the important steps taken by the government for protecting the poor people. Many people are excluded from their fundamental rights, particularly Right to Food. According to Right to Food Act, Article 21 of the constitution, entitled “protection of life and personal liberty”, says, in its entirety, “No person shall be deprived of his life or personal liberty except according to procedure established by law” Due to Hunger and Malnutrition, certain group of people are affected adversely, particularly, Scheduled Caste, Scheduled Tribes, women, children, the elderly and the handicapped. It is one of the main causes for social exclusion.

### Social Inclusion in BMZ Programme

The change the programme is aiming at with this module is to strengthen the democratic system; improve social cohesion and inclusion of marginalized groups at village, block a district level and their cultural, social, economic and political participation and, in particular, their access to education.

Through this Module, the programme will develop capacities by means of education and training to improve the quality of the participation of representatives of vulnerable communities in decision making and in supervisory bodies at local, district and state levels.

The programme attempts to influence the quality of services provided by frontline workers from the different government schemes e.g. teachers, nurses; influence decisions made by the local governance structure (including on budgets) and by the different departments with authority and resources to implement the schemes.

### Need of Social Inclusion in BMZ Programme

- The targeted communities which is selected under BMZ global progrmmme are most vulnerable, so inclusion model will help them in mainstreaming.
- The BMZ global programme aims to contribute SDG 10 (Reduced Inequalities), by enhancing participation of vulnerable groups we can achieve inclusion

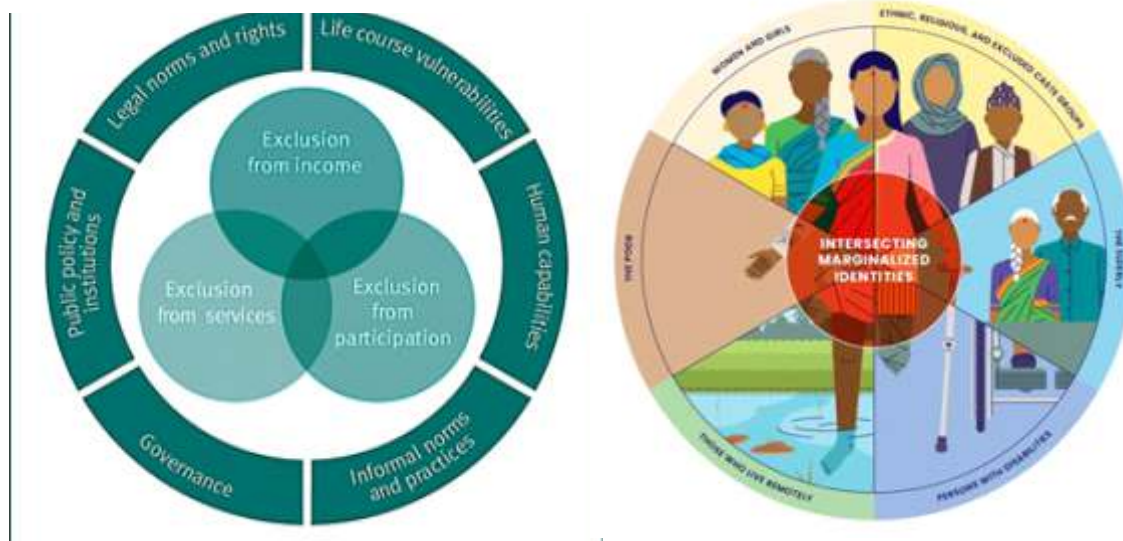
### Impact/ consequences of exclusion on food security and nutrition

Exclusion is considered as a major problem in food security and nutrition in India, as a result child undernutrition, Anemia, malnutrition happens, especially in rural areas. Chronic undernourishment among the socially and economically marginalized groups is widespread

cutting across rural and urban areas and regions of India. Levels of undernourishment are found to be significantly higher among the Scheduled caste (SC) and Scheduled tribe (ST) populations. Issues related to social inequalities of child undernutrition in India with particular focus to the exclusion of disadvantaged scheduled population in terms of access to health facilities

## How to ensure inclusion in NFS

- Inclusion and Gender Analysis
- Engagement of CSOs and Dialogue
- Participation in Ward Sabha and Gram Sabha
- Access to ICDS and PHCs
- Access to Food Security, PDS Shop
- Access to Legal Documents (MCP Card, Ration Card, Health Card, Aadhar Card )
- Activation and strengthening of VHSNCs, SMCs
- Participatory monitoring of School, ICDS
- Access to MDM, WIFS



The dimension of Exclusion with marginalized community.

- Exclusion from income leads to life course and vulnerabilities.
- Exclusion from participation leads to informal norms and practices and participation in governance.
- Exclusion from services leads to rights and entitlement access and public policy frameworks.



## 6.Tools& Terminologies

<b>ACCESS</b>	<p>The degree to which available food can be sourced through markets, own production, or other means. Households or individuals' ability to secure adequate resources for acquiring appropriate foods (in terms of macronutrients, micro nutrients and cultural acceptability) for a nutritious diet.</p> <p>Related Terms: food access, food access gap, Livelihoods</p>
<b>ACUTE MALNUTRITION</b>	<p>Acute malnutrition is the manifestation of low weight in relation to the height of children and/or the presence of oedema. The key indicator for acute malnutrition is the proportion of children under-five with weight less than two standard deviations below the median. In its most severe form (&gt; 3 standard deviations) is known as wasting.</p> <p>Related Terms: malnutrition, nutritional status, wasting, therapeutic feeding, oedema, z-scores.</p>
<b>AGRICULTURE</b>	<p>All activities pertaining to the cultivation of natural resources to produce crops for human consumption, animal consumption, commercial and/or industrial uses. Agriculture often includes livestock rearing. Agriculture practiced at the household level is referred to as small-scale or subsistence agriculture, compared with industrial or commercial agriculture involving large land holdings.</p> <p>Related Terms: agricultural household, agricultural production, agricultural productivity, food production, garden crops</p>
<b>ANAEMIA</b>	<p>A common, widespread and serious micronutrient deficiency, a condition in which the haemoglobin concentration (the number of red blood cells) is lower than normal due to disease or as a result of a deficiency of one or more nutrients such as iron and vitamin B12.</p> <p>Related Terms: malnutrition, micronutrient deficiencies (vitamins and minerals), micronutrients: iron and vitamin a</p>
<b>BALANCED DIET</b>	<p>A diet in which all nutritional requirements of the individual are fully met. In terms of the proportionate share of macronutrients in the total diet, this is equivalent to: proteins at 10 to 15 percent, fats from 15 to 30 percent and carbohydrates from 55 to 75 percent, as well as a wide range of micronutrients.</p> <p>Related Terms: diet, diet composition, dietary diversity, dietary energy consumption, food consumption, nourishment, nutrition, nutritional diversity</p>

<b>BODY MASS INDEX (BMI)</b>	<p>Body Mass Index (BMI) is an index of weight-for-height that is commonly used to classify underweight, overweight and obesity in adults. It is defined as the weight in kilograms divided by the square of the height in meters (kg/m<sup>2</sup>).</p> <p>Related Terms: anthropometry, diet, diet composition, indicators, lifestyle practices, malnutrition, obesity, overnutrition, overweight, undernourishment, underweight, utilization</p>
<b>CHRONIC FOOD INSECURITY</b>	<p>A long-term or persistent inability to meet minimum food requirements. Poverty and chronic food insecurity often go hand-in-hand.</p> <p>Related Terms: Food Insecurity, Food Security, Food Stability, Temporary Food Insecurity</p>
<b>CRITICAL FOOD POVERTY</b>	<p>An income level below which an individual or household will be unable to meet its minimum nutritional requirements, usually &gt;2 standard deviations below the WHO international standard of 2100 Kcal/day, or the nationally applied equivalent.</p> <p>Related Terms: food poverty, food poverty line</p>
<b>CROSS-CUTTING ISSUES</b>	<p>Topics considered to be of common interest or relevant across a wide range of subjects, not limited to a single discipline or area of responsibility. Examples include climate change, gender and HIV/AIDS.</p> <p>Related Terms: climate change</p>
<b>DIET</b>	<p>The combined total intake of food (in any form) from all sources by an individual.</p> <p>Related Terms: consumption, diet composition, dietary diversity, dietary energy consumption, food consumption, food consumption pattern, food consumption score</p>
<b>DIETARY DIVERSITY</b>	<p>The sum of the number of different foods or food groups consumed by an individual or household over a specific time period. This is sometimes weighted by frequency of consumption. More diverse diets tend to be more nutritious. Related Terms: food consumption, food consumption pattern, food consumption score</p>
<b>DISADVANTAGED GROUP</b>	<p>Any population group that is unable to meet its basic needs and requirements for any reason or combination of reasons.</p> <p>Related Terms: vulnerability, vulnerable groups</p>

<b>ECONOMIC INCLUSION</b>	Everyone—regardless of citizenship—has the right to work, and Governments are obliged to take progressive measures to safeguard this right.
<b>FOOD AND NUTRITION SECURITY</b>	<p>Food and nutrition security exists when all people, at all times, have physical, social and economic access to food which is consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life (Committee for World Food Security, July 2012).</p> <p>Related Terms: food insecurity, food security, nutrition security</p>
<b>HUNGER</b>	<p>Nutritionists have estimated the amount of dietary energy that people of different ages and sex with different activity levels in different cultures require to maintain a healthy and active life. When people do not have access to the amount of dietary energy needed for their normal level of activity, they feel hungry. If the situation persists over a longer time, it leads to undernutrition. Chronic energy deficiency can lead to a reduction in physical activity, weight loss or both. In severe forms, chronic energy deficiency can lead to wasting and eventually death. Hunger is not synonymous with malnutrition or undernutrition, but there are overlaps between these two. (CFS 2012)</p> <p>Related Terms: food deprivation, food and nutrition security, food security, food insecurity</p>
<b>HYGIENE</b>	<p>Any and all practices related to limiting the spread of disease from any source. In a food security context, this is especially pertinent to food handling, preparation, consumption and disposal practices. It is also interlinked with issues around personal hygiene (i.e. hand washing), public health and disease prevalence.</p> <p>Related Terms: food safety, hygiene education, sanitation, utilization</p>
<b>KITCHEN GARDENS</b>	<p>Refers to any small-scale agriculture conducted within proximate distance to the main dwelling of a household, producing crops for own consumption or sale. It is an indication the scale of cultivation, not the specific crops being grown. Also known as kitchen gardens.</p> <p>Related Terms: agriculture, agricultural households</p>
<b>MORBIDITY RATE</b>	<p>The number of people in a population who have a disease at a given time (e.g., 20,000 cases of influenza in a population of 100,000 people equals a 20% morbidity rate).</p> <p>Related Terms: mortality rate</p>

<b>MORTALITY RATE</b>	Percentage of people who die from the illness over a specific period of time (e.g., 20 deaths per 100,000 people per year equals a 0.02% mortality rate). Related Terms: morbidity rate
<b>MARGINALIZED COMMUNITY</b>	Socially excluded groups of people for different reasons, such as age, physical or mental disabilities, economic status, access to education, or live in isolated places or depressed areas.
<b>NUTRITION</b>	<p>The provision of food and its utilization, with the purpose of supporting growth, maintenance and general wellbeing of the body. Nutritional status has demonstrable links with health status, and thus health and nutrition are often linked. Other important linkages include relationships between nutrition and: (1) physical activity, development and work capacity; (2) mental activity, development and educational performance; (3) social behavior and cultural practices, etc.</p> <p>Related Terms: balanced diet, malnutrition, macronutrient, micronutrient, nourishment, nutrient, nutritional status, nutrition security, undernourishment</p>
<b>POLITICAL INCLUSION:</b>	Political inclusion is the right to political participation and to political representation of migrants on the same legal basis as host populations thus developing a notion of membership to a city's population
<b>SANITATION</b>	<p>Refers to the provision of facilities and services for the safe disposal of human waste, such as urine and faeces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health and food security both in households and across communities. Also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal.</p> <p>Related Terms: hygiene, sanitation service</p>
<b>STUNTING</b>	<p>Height-for-age scores below the reference population median, represented as growth retardation. Evidence of chronic malnutrition.</p> <p>Related Terms: malnutrition, nutritional status.</p>
<b>SUPPLEMENTARY FEEDING</b>	<p>Specialized feeding programs designed to address widespread prevalence of moderate acute malnutrition. Includes both in-patient and take-home components of both dry and wet rations that are rich in proteins, carbohydrates and fats.</p> <p>Related Terms: malnutrition, nutritional status, therapeutic feeding.</p>

<b>SOCIAL EXCLUSION:</b>	Social exclusion describes a process by which certain groups are systematically disadvantaged from Social, Economic and political activity. The discrimination takes place on the basis of their religion, sexual orientation, caste, gender, age, disability, HIV status, migrant status etc.
<b>VULNERABLE COMMUNITY</b>	are groups and communities at a higher risk for poor health as a result of the barriers they experience to social, economic, political and environmental resources, as well as limitations due to illness or disability



## 7. Civil Society Learning: Networking and Dialogue as a tool

- Facilitator will ask participants to share their expectation on Networking & Dialogue in 3 words by giving their inputs on [www.mentimeter.com](http://www.mentimeter.com) after offering a code.
- A quiz will be conducted to test the Networking Skills of the participants (10 Marks)
- Facilitator will check if anyone is familiar with Networking and ask them to share their experiences, challenges and best practices.

### What is Networking & Dialogue?

- Networking is a process of interacting with stakeholders for sharing information, resources and/or for engagements/advocacy.
- Dialogue is a discussion with stakeholders to resolve common issues or to take joint initiatives towards achieving a common goal.

### Why we need Networking & Dialogue

- Caritas India's BMZ Global Programme focusses to collectively work with a range of stakeholders (community, government, partners, corporates, networks, donors, etc.), all this cannot be accomplished without networking and dialogue.
- The BMZ Global Programme aims to contribute towards achievements of the Sustainable Development Goals 2 (Zero Hunger), 10 (Reduced Inequalities) and 13 (Disaster Resilience). This requires effective networking with stakeholders to work together in achieving the SDG targets.
- In addition to this the SDG 17 (Partnerships for the Goals) is focused on strengthening the means of implementation and revitalizing the global partnership for sustainable development.

### How to do Networking & Dialogue?

- Two most important components for Networking & Dialogue are, well defined 1. Stakeholder specific Asks, and 2. Organization's Unique Selling Proposition (USP).
- The bottom to top Networking & Dialogue process need to be adopted at all the administrative levels (Community, District, State and National).
- The 4E GLOCAL approach enables a top to bottom stakeholder journey complimented by a bottom to top supporter journey.
- The Networking & Dialogue will follow 8 Steps through 4 Phases, 1. Stakeholder Assessment; 2. Defined USP & Asks; 3. Networking & Dialogue; and 4. Evaluation & Learning.
- Partner's capacity is strengthened for networking with government and other likeminded stakeholders for sharing information, resources and engagements.
- Stakeholders are trained on participatory tools for assessing the community's relationship with different food security and nutrition related stakeholders.

## Networking & Dialogue for FSN

- FSN related stakeholders, platforms, committees are strengthened and capacitated to have improved access to government schemes.
- Exchange programmes among communities and specialized organizations are facilitated to share best practices, implement model projects and for promote learnings on FSN.
- FSN Programme Outputs: Networking & Dialogue will focus to address the following three outputs for FSN; Output 1 – Platforms, Committees and CBOs activated and capacitated to improve delivery of government schemes; Output 2 – Vulnerable communities developed and pilot tested options on sustainable nutrition and food security is replicable; Output 3 – Governments nutrition mission at state and national level become more effective in implementation of action plans and strategies.
- The Networking & Dialogue will look to analyse and strengthen the existing networks and stakeholder relations at all administrative levels.
- National Level networking with organization such as Welt Hunger Hilfe (WHH), World Food Programme (WFP), Food & Agriculture Organization of the United Nations (FAO)
- State Level – State governments, Department of Food Supplies and Public Distribution, etc
- District Level – Local partners, district administration, etc.
- Community Level – Local partners, Aanganwadi workers, food supplies & public distribution system, and community.

## 8. Program activity & intervention

Outcome 2: Improving food security	Indicators (possibly also indication of quantity)	
	Initial situation (quantitative and qualitative)	Goal (quantitative and qualitative)
Food security (nutrition) has been improved by intensive targeting by means of improved access to government programmes.	<ul style="list-style-type: none"> <li>● The nutritional status of children and pregnant and nursing mothers according to official statistics at district, block and community levels is worrying, according to official statistics (see table below).</li> <li>● Less than 70% of children and young mothers in need are reached through public programmes to safeguard their nutritional and health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>● By the end of the project, the number of cases for MAM/SAM and underweight has decreased by at least 20%.</li> <li>● By 2023, more than 80% of needy children and young mothers will be reached through public programmes to ensure their nutritional and health conditions.</li> </ul>

Output 2.1.: Subtarget at macro level	Indicators (possibly also indication of quantity)	
	Situation (quantitative and qualitative)	Goal (quantitative and qualitative)
2.1. Regular and reliable quality controls are carried out in the concerted state programme "Poshan Abhiyan" and in the "Public Distribution System" for comprehensive food security.	<ul style="list-style-type: none"> <li>● By the end of 2022, the designated control bodies will be active in the majority of municipalities and districts (based on the baseline) and beneficiaries from marginalised groups will participate.</li> <li>● By the end of 2023, regular and reliable quality controls will be carried out in the form of 30 social audits on access for marginalised groups to the programmes and suggestions for improvement will be made, as well as experience with best practice examples from the project.</li> </ul>	<ul style="list-style-type: none"> <li>● By the end of 2022, the designated control bodies will be active in the majority of municipalities and districts (based on the baseline) and beneficiaries from marginalised groups will participate.</li> <li>● By the end of 2023, regular and reliable quality controls will be carried out in the form of 30 social audits on access for marginalised groups to the programmes and suggestions for improvement will be made, as well as experience with best practice examples from the project.</li> </ul>

Output 2.2: Subtarget at Meso level		
2.2. Control bodies, networks, self-help groups and citizens' initiatives (CBOs) acting at community and district level in terms of food security are strengthened.	<ul style="list-style-type: none"> <li>● Complaint mechanisms are used by those affected in less than 20% of municipalities</li> <li>● Municipalities do not have common platforms and coordination structures of Mitarbeiter_innen of government programmes, Gemeindevertreter_innen, and specific, designated control bodies, networks, self-help groups and citizens' initiatives with public participation at municipal and district level.</li> </ul> <p><b>Baseline must be collected in baseline.</b></p>	<ul style="list-style-type: none"> <li>● By 12/2022, planned participation, control and complaint structures and mechanisms will be used in at least 70% of municipalities.</li> <li>● By 12/2022, 80% of municipalities will have common platforms and coordination structures of Mitarbeiter_innen of government programs, Gemeindevertreter_innen, as well as specific control bodies, NGO networks, self-help groups, and citizens' initiatives (such as Village Health Sanitation and Nutrition Committee, School Management Committee) to improve the implementation and control of public food security programs.</li> </ul>
Output 2.3: Subtarget at micro-level		
2.3 The nutritional knowledge of particularly disadvantaged families has been improved by providing information on dietary and hygiene habits and government support services.	<ul style="list-style-type: none"> <li>● Marginalised families, especially pregnant women and nursing mothers with malnourished children, have insufficient knowledge and practices on hygiene, food diversification and preparation.</li> <li>● Many in need do not have information and the necessary documents to access public food security services</li> </ul> <p><b>Baseline must be collected in baseline.</b></p>	<ul style="list-style-type: none"> <li>● By 12/2023, at least 30% of households had improved knowledge and practices on hygiene and healthy eating compared to baseline. (The baseline is set at the start of the project)</li> <li>● By 12/2023, the number of households receiving government welfare programs for health and nutrition security under the Integrated Child Development Programme (ICDS), the School Feed Programme (MDM) and the Government-subsidised Basic Food Distribution System (PDS) has increased by 20%, which contributes positively to the nutritional situation of those affected.</li> </ul>

#### Outcome 4: Civil Society Learning Processes

<p>The work of various stakeholder groups (Members of target groups, Staff of NGOs and public authorities) in the areas of disaster preparedness and food security as well as social inclusion has been improved through systematic and regular exchanges at congresses, workshops, studies and further education programmes of specialist and higher education institutions, and channels for knowledge transfer are institutionalised.</p>	<p>The exchange of expertise and training on disaster management, food security and social inclusion for members of political bodies, citizens' initiatives, training and research institutions takes place only irregularly and unsystematically.</p>	<ul style="list-style-type: none"> <li>● Knowledge transfer will take place by 2022 at the latest, through the establishment of thematic networks and commissions with regular technical exchanges and the active participation of 23 partner organisations.</li> <li>● From 2021, training courses on disaster management, food security and social inclusion will be available in each region for different stakeholder groups (Vertreter_innen of target groups, Mitarbeiter_innen NGOs, as well as public authorities, members of political bodies, citizens' initiatives, training and research institutions) that will lead to an improvement in their work.</li> </ul>
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## Output 4.1.: Subtarget at macro level

<p>4.1. The members of participating NGOs and target groups are networked at national level with other relevant initiatives in the states (UP, Jharkhand and Chhattisgarh) and at international level through triangular cooperation with actors in neighbouring Bangladesh and Nepal and systematically exchange expertise and experience in order to make the experience gained accessible beyond the project region.</p>	<p>There is a great need for further training at all levels on disaster management, food security and social inclusion of marginalised minorities.</p> <p>Social actors, universities and research institutes have hardly any substantive exchanges in the project region.</p> <p>There are no known cross-border thematic exchanges and knowledge management between NGOs, target groups and research institutions from neighbouring Nepal and Bangladesh.</p>	<ul style="list-style-type: none"> <li>● Annual exchange visits, consultations, meetings with stakeholders and cooperation with research institutions on the programme's priority themes will take place until 2023.</li> <li>● By 2023, two cross-border initiatives and action plans have been drawn up in the Sunderbans and tera</li> <li>● Documents and training materials in local languages will be available in each of the 4 states by 2023</li> <li>● Until the end of the project, studies on the systematisation of practical experience and model projects on the programme's priorities for congresses, workshops and training events have been made available to all stakeholders.</li> </ul>
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### Activities and Process under N&FS theme

Budget Code	Activity
<b>1.2.2.1</b>	<b>Outcome 2: Improvement of food and Nutrition Security</b>
1.2.2.1.02	Development of tools and toolkits is needed for making the work of Nutrition Mission
1.2.2.1.05	Conducting social audits that analyze the extent to which marginalized groups are reached by governmental nutrition programs and what access restrictions they suffer from
1.2.2.2.01	Campaigns to raise awareness of ways to improve food security at the community level in Bihar
1.2.2.2.09	Capacity building and strengthening of existing platforms, committees and CBOs dealing with the implementation of state welfare programs in Bihar
1.2.2.2.10	Technical trainings on government nutrition programme for the programme team
1.2.2.3.01	Empowering and supporting families in improved nutrition and food security measures
1.2.2.3.04	Documentation, publication and dissemination of practices tested in pilot experiments in the fields of nutrition and food security
<b>1.2.3.1</b>	<b>Outcome 3: Improved Social Inclusion</b>
1.2.3.1.03	Conducting fact-finding missions at district and state level and documenting the results on the situation of socially excluded social groups
1.2.3.1.04	Joint seminars with government agencies and international NGOs/institutions to develop further measures to promote social participation and involvement
<b>1.2.3.2</b>	<b>Subgoal 3.2. at the intermediate-level</b>
1.2.3.2.03	Public campaigns on the topic of social participation of minorities on the occasion of national and international days such as World Children's Day (February 14), Ambedkar Jayanti (April 14) or International Women's Day (March 8)
1.2.3.2.07	Establishment of support measures for access to the public school system for children from marginalized groups
<b>1.2.4.1</b>	<b>Outcome 4: Promotion of Learning process at civil society level</b>
1.2.4.1.03	Development, publication and dissemination of teaching materials, systematization of experiences on disaster prevention, food security, promotion of social participation of marginalized groups and community work

Budget Code	Activity
1.2.4.1.08	Networking and consultations at district level between project managers of the participating institutions and representatives of government programs to discuss common challenges and cooperation opportunities
1.2.4.1.09	High-profile campaigns with members of children's clubs and children's parliaments who articulate their visions and demands regarding their educational opportunities and nutritional needs and their participation in society
1.2.4.1.10	Coordination meeting for the systematic exchange of experience with the SC Commission, Dalit networks and networks within the framework of the program to support the work of the Mahadalit Commission and the institution of the Bihar Mahadalit Vikas Mission
1.2.4.1.11	capacity building of program staff on SI, nutrition and food security
<b>1.2.5</b>	<b>IEC Materials, Stickers, Fliers etc.</b>

## 9. Workshop Outcome

**The 2-day long workshop will have following outcome: -**

1. Improved Knowledge and understanding of the participants on N&FS theme in the BMZ Global Program
2. Developed understanding into the conceptual framework of N&FS in relation to individual and families from the marginalized community.
3. Improved Understanding on the role and importance of different stakeholder at macro, meso and micro level in the BMZ Global Program.

### Workshop's tentative Schedule

DAY 1: 15 June	SESSION	FACILITATOR	METHODOLOGY
09:30AM-09:35AM	Prayer	Fr. Manoj Kumar, Director, Shahabad Parish Society	
09:35AM-09:40AM	Welcome	Dr. Jaison Varghese Sr. Program Lead, Caritas India	
09:40AM-09:50AM	Context setting of the Workshop	Mr. Ghanshyam Jethwa, HoD- Programs, Caritas India	
09:50AM-10:10AM	N& FS General Awareness Exercise	Ms. Karuna Jha, MEAL Lead, Caritas India	A set of 15 Questionnaire to check the awareness
10:10AM-11:30AM	Session 1: N& FS Concept – BMZ Program Expected Outcome: Participants will develop understanding on the meaning and concept of N&FS in BMZ Global program	Mr. Aaditya Mohan, Thematic Manager N & FS, Caritas India	Presentation
11:30AM-11:40AM	Health Break		
11:40AM-12:30PM	Session 2: Understanding 3M (Macro, meso and micro) in BMZ Global Program Expected Outcome:- Participants will develop understanding on the Importance and relevance of the 3Ms in ensuring the quality service delivery of the Nutrition& Food security Services	Ms. Priyanka Rani, Thematic Associate, N&FS, Caritas India	Presentation
12:30PM-01:30PM	Group Activity (break out room) and presentation		Presentation from the participants on the provided case study
1:30-2:30	LUNCH		

02:30PM-03:30PM	Session 3: Understanding the log frame& outcomes and outputs of the Program Expected Outcome: Participants will have improved understanding on activities, output, outcome of the BMZ Global Program	Mr. Aaditya Mohan & Ms. Karuna	Presentation
03:30PM-04:20PM	Group Activity (break out room) Break out room		
4:20PM - 04:30PM	Concluding Remarks	Ms. Catherine Kune, Program Associate, Caritas India	

<b>DAY 2: 16 June</b>	<b>SESSION</b>	<b>FACILITATOR</b>	<b>METHODOLOGY</b>
09:30AM-09:35AM	Prayer	Mr. Pramod Toppo, Coordinator, Bihar Dalit Vikas Samiti	
09:35AM-09:45AM	Recap of Day 1	Mr. Patrick, Knowledge & Communication Manager, Caritas India	
09:45AM-10:45AM	Session 4: Social Inclusion and N& FS Expected Outcome: Participants will develop an understanding on the relation between Social Inclusion/ exclusion on N&FS	Mr. Lokesh Ranjan. Thematic Associate, Caritas India	Presentation
10:35AM-11:15AM	Session 5: N&FS during Disaster& Vulnerabilities Expected Outcome: Participants will have clarity on the N&FS in the post disaster context	Ms. Kalika, State Thematic Officer – DRR Odisha	Presentation
11:15AM-11:25AM	Health Break		
11:25AM-01:00PM	Session 6: FS& N Networking & Dialogue Expected Outcome: Participants will develop understanding on networking and dialoguing in BMZ Global program	Mr. Hansen Prem, Lead, Networking & Dialogue, Caritas India	Presentation
01:00PM-01:30PM	Sharing experience and challenges on network& dialogue		Interactive Session
01:30PM-02:30PM	LUNCH		

02:30PM-03:45PM	Session 7: Home- and community-based process, models and practices food security and nutrition Expected Outcome: Participants will have improved knowledge on having low cost/ Home based replicable FNS models	Mr. Pradipta Chand, Program Lead - CAAFS, Caritas India	Presentation and interactive learning
03:45PM-04:00PM	COVID 19 Guidelines	Mr. Abhishek	
04:00PM-04:15PM	Post-test & Feedback	Ms. Karuna	
04:15PM-04:30PM	Concluding remarks	Dr. Jaison Varghese, Sr. Program Manager	

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Session Manual

# Orientation Workshop on Nutrition & Food Security For Partners

**HEAD OFFICE**

**Address** : Caritas India, CBCI Centre, 1 Ashok Place, New Delhi 110001

**Email** : [director@caritasindia.org](mailto:director@caritasindia.org)

**Website** : [www.caritasindia.org](http://www.caritasindia.org)

**Phone** : +91 11 233 63390