

WE SAW THE SEEDS GROW

Enhancing Awareness, Improving Access, Building Resilience

THE HUNGER PROJECT INDIA

It is mid-afternoon as we meet a cackling bunch of young and old women in Guzhwa panchayat, Madhya Pradesh. Suman Vishwakarma, 48, sat in the middle of the community gathering and with a commanding voice began to explain the spread of different traditional food items (mahua, tendu, amelia, amla, bathua, palak, maize, bajra, kodai, custard apple, tomatoes, chana, sesame, et al.) "Each one is grown locally in our kitchen gardens or sourced from our forest surroundings. Not one thing is bought from the market," she said proudly.

For Neelu Chaudhury, 37, nutrition was never high on priority. "As women and mothers, we get caught up in household chores and child-rearing, often neglecting our own health. But I'm learning why it matters," she says with a self-assured smile. "Now, I'm more mindful about eating green leafy vegetables like beans, spinach, okra, pumpkin, and lal saag from our newly set-up kitchen garden. I've also started including eggs in our diet, especially for the kids. I eat eggs twice a week—they're rich in protein."

She adds, "Jaagrukta badhi hai, paushik aahar ka mahatva samajh aaya hai" (There is greater awareness now about the importance of a nutritious diet).

Through the frames of Suman, Neelu, and other stories, the photo essay tells the vital story of how access to knowledge—both new and traditional—information, services, and spaces can slowly inform and transform nutritional and health practices.

Rethinking attitudes and deepening understanding are key to strengthening local resilience. Though often a slow process, it is essential to the engagement. Given the barriers of gender inequality, caste discrimination, limited awareness of services, and climate crises, the nutrition programme focused on improving nutrition, providing better access to healthcare and government welfare schemes, and strengthening panchayat-based institutional mechanisms to mitigate vulnerability.

In 2024, The Hunger Project embarked on a programme titled "Enhancing Nutrition Outcomes," engaging with the most vulnerable and marginalised households and a range of institutional mechanisms at the panchayat level. The project enabled space within which the two conversed, and explored pathways to build resilience, improve availability, access, and choice of nutritious foods, especially in the backdrop of climate change. It attempted to showcase the multidimensional aspect of enhancing nutrition in rural communities.

Part III of the photo essay series spotlights some significant shifts in community awareness through a range of visual portraits and landscapes that the communities inhabit. There are many stories threaded into the story of nutrition. One story narrates the confidence that access to knowledge engenders. One story expresses a sense of abundance. One story recognises constraints of gender and caste. One story recounts new learnings. One story unlearns myths. One story imagines new possibilities.

Read parts I and II.





Left to right: Suman Vishwakarma and Neelu Chaudhary, Madhya Pradesh.

Engaging the nutritionally vulnerable by pushing consciousness-raising into the zone of taking ownership and action, which includes a complex but enabling process of learning and unlearning, challenges several mediating structures of inequality - gender, caste, and class. Rooted in this understanding are the multiple empowered articulations of how attending community meetings, nutrition drives in villages, poshan melas (nutrition mela), and health camps distinctly impacted behaviours in relation to health, more openness to new information, dietary consumption, including nutrient intake, and awareness of community resources.

One of the most insightful testimonies comes from 45-year-old Jaali Jaani, a regular attendee at the community meetings who belongs to Odisha's Praja tribe and is a former panchayat member. She took it upon herself to disseminate information shared at the meetings. "These are important spaces holding important conversations, but not everyone has the capacity to grasp them. So, I felt I should do my bit, given my experience as a panchayat member."

Jaali stands outside a photocopy shop as she speaks, helping others get copies of documents to access various government schemes, especially labour cards which provide benefits to workers in the unorganised sector. "Over 100 people have applied and received their labour cards in the last eight months. It has many benefits (marriage, girls' education, accident insurance, health insurance) in terms of financial assistance, which will support the most vulnerable in affording some degree of food security," she believes. She sees herself as a community mobiliser as she goes around convincing and gently cajoling, especially women and girls, to attend meetings and health camps and be curious about their nutrition and health.





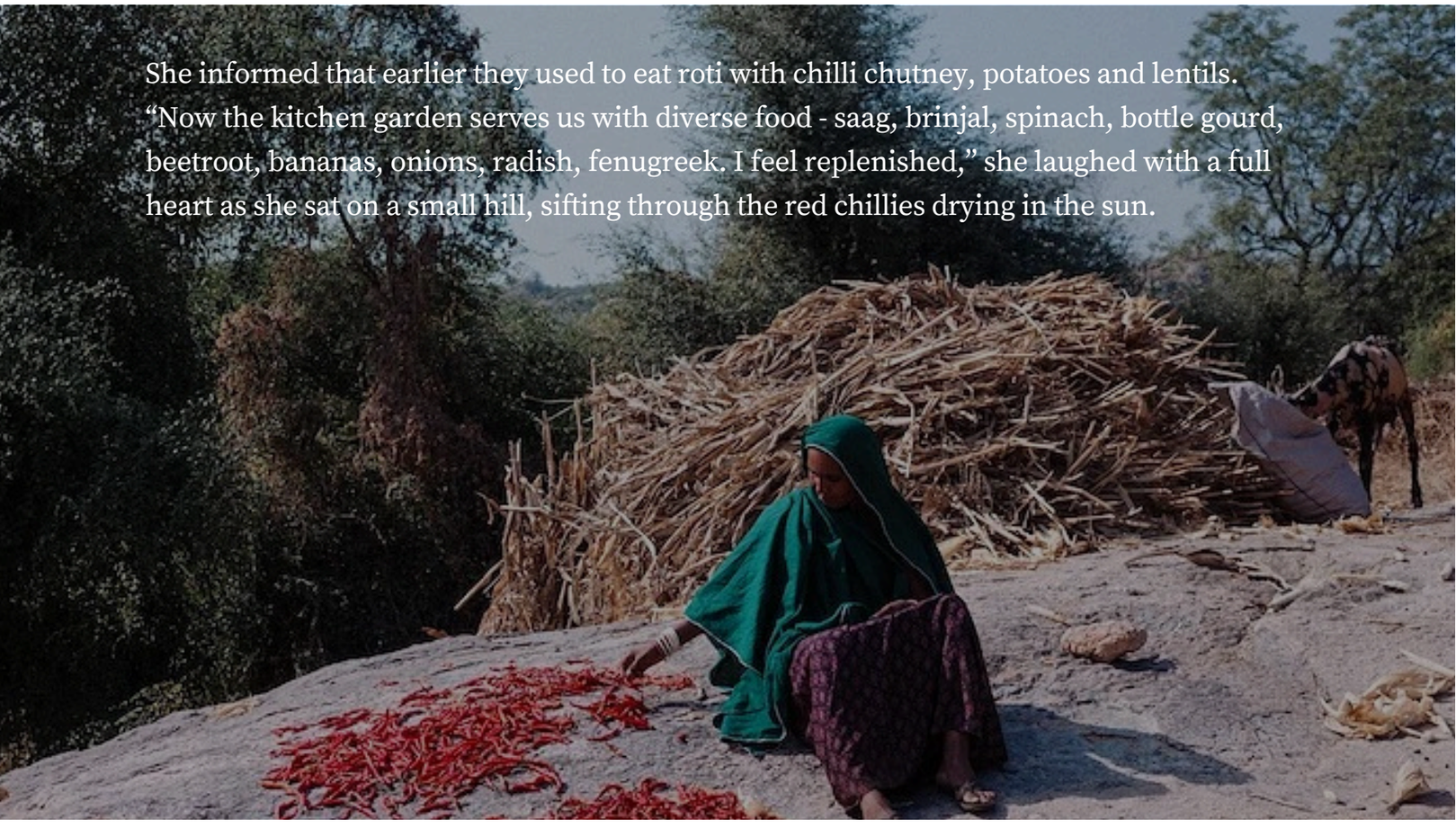
Left: Tulsia Naik, Odisha
Bottom: Somi, Rajasthan



Somi, a 23-year-old mother from Rajasthan, greeted us smiling shyly but then opened up, sharing her new knowledge about infant care gained from attending community meetings. “Timely immunisation, diet, hygiene, keeping the surroundings clean, and the way we cook our food—more mindful of washing leafy vegetables before cooking, which was not the case before” are some of the small changes she narrated. “I might be shy, but I am more aware now.”

Tulsia Naik, another 24-year-old mother from Odisha, confessed, “Earlier, the take-home ration (THR) we received would get distributed amongst all family members, nothing left for me. I realised that was not right. I was always putting myself and my nutritional needs last. The family came first. But I am trying to unlearn this habit.” She gleefully recounted all the ‘tasty & healthy’ food she now had access to - eggs, chattua (gram flour, also called sattu), almonds, dates, and muri (puffed rice).

For Rekha Devi, 35, from the Garasiya community in Rajasthan, community meetings have been useful on many fronts. “My haemoglobin (Hgb) level has always been low, but I never paid any attention, thinking this is how it is for women. After going to two health camps, learning about iron supplements, and growing a kitchen garden, I am slowly becoming conscious about my health and diet.”



She informed that earlier they used to eat roti with chilli chutney, potatoes and lentils. “Now the kitchen garden serves us with diverse food - saag, brinjal, spinach, bottle gourd, beetroot, bananas, onions, radish, fenugreek. I feel replenished,” she laughed with a full heart as she sat on a small hill, sifting through the red chillies drying in the sun.



A health camp underway in Rajasthan.

To that effect, a prominent feature of the interface has been encouraging people to set up **kitchen gardens.** Based on THP's experience in Madhya Pradesh over a long period of time, introducing the concept of growing one's own food inherently has a stronger potential to be nutrition-sensitive. This is one of the ways the idea of nutrition has been embedded in the chronically vulnerable, food and nutrition-insecure households across four states.

40-five-year-old Kusuamma from Karnataka has learnt the value of a balanced diet. "Earlier, we used to have only plain sambhar," she says, referring to a lentil stew common to South India. "Now we add okra, drumsticks, and carrots." She knows which foods provide iron and that fruits like custard apple are fibre-rich. She also speaks about changes in cooking practices: less oil, low heat, using an iron wok (iron kadhai) rather than a pressure cooker.

For two seasons, THP provided seeds to the most vulnerable households across villages. But how can such gardens be sustained independently? Umiya, a young Garasiya woman from Rajasthan, explains how she will preserve this season's okra seeds for the next. "It is self-sustenance, food security and financial security, to a small extent, considering we are merely agricultural workers on other people's farms," she says.



Kusuamma, Karnataka





Left: Bhavna tends to her kitchen garden that currently grows brinjal, chillies, tomatoes, and some marigolds to adorn her garden. Right: Deepu, a widow, with a family of four, uses her kitchen garden not only for her own consumption but has recently managed to sell extra produce. Intake of green vegetables has improved her Hgb from 7.5 to 11.



Umiya holds Okra seeds in her hands, Rajasthan.

Beyond households, we also observed anganwadis setting up kitchen gardens in Odisha and Karnataka. Kavita, a 32-year-old anganwadi worker from Karnataka shares that they have started a small garden on one side of the childcare centre. It now supplies 24 children with fresh vegetables. The centre can now vary the menu without worrying about costs, she says. According to Kavita, parents of the children who come to the centre have told her they now eat better at home. Lakshmi Nayak, a jovial 41-year-old who runs an anganwadi centre in Odisha, has set up a similar kitchen garden. It is especially useful in providing nutrition for extremely poor families who cannot afford to have gardens of their own.

A major reason for the popularity of kitchen gardens is that it has reduced dependence on the market. Many speak of how it has helped them eat nutritious food while saving money they would have spent on expensive fruits and vegetables.

For instance, Rinki Kole is a 24-year-old Adivasi manual labourer from Madhya Pradesh. Work is erratic, earning her barely Rs 300 per day. “A kitchen garden has helped me eat healthy and sell extra produce when possible,” says Rinki. She recently sold pumpkin and bitter gourd to supplement her income.

Deepu, a 45-year-old from Rajasthan, says that earlier they harvested agricultural produce, kept a little for their daily needs and sold the rest. Starting a kitchen garden has ensured a continuous and varied supply of vegetables. Kitchen gardens have also restored faith in locally grown produce. In some ways, they have shattered the myth that expensive food is healthier.





Top: Kavita, anganwadi worker, Karnataka; Bottom: Lakshmi, anganwadi worker, Odisha.



Deepu, Rajasthan



Rinki Kole, Madhya Pradesh.

Women who work on betel nut plantations in Karnataka told us how THP's meetings and camps had helped solve their health problems. Work is gruelling and the pay is paltry: during harvest season, each worker earns Rs 300 a day sorting 26 kilogrammes of betel nut. Awareness about nutrition has been crucial in helping them stay healthy as they work. "My haemoglobin was seven but it has moved up to nine in the last three months, thanks to kitchen gardens and IFA [iron and folic acid] tablets that we never took before," says Chithra.

This wariness of IFA tablets is common to women and girls alike. Myths abound that such tablets are really a family planning method that will affect childbirth. Such myths are slowly being dispelled. "We are unlearning for ourselves and our daughters," says Chithra.



THP's nutrition-based programme is a conscientious and strategic response to the existing nutrition divide. Any small modification in eating, cooking practices, and behaviours clearly indicates a dent in social norms and traditions regarding how food was prepared, who ate first, and whose health was prioritised. We witness a steadfast glimpse of ownership, cooperation and collective action in the face of glaring disparities.





Text by Surbhi Mahajan. Photos by Anurag Banerjee (Karnataka & Odisha), Menty Jamir (Rajasthan), Nipun Prabhakar (Madhya Pradesh). Supported by CITI Bank. Published on May 28, 2025.