

"THERE IS MORE TRUST IN WHAT WE HAVE TO SAY."

Energising Institutional Mechanisms In Panchayats

In 2024, The Hunger Project, India 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.

The photo essay engages with panchayat committees related to nutrition and health across villages in Karnataka, Madhya Pradesh, Odisha and Rajasthan.

Along with enabling and empowering individual leaders, THP focused on reinforcing institutional mechanisms within the panchayat. This involved activating panchayat bodies such as VHSNCs (Village Health Sanitation and Nutrition Committee), mothers’ committees and anganwadi centres, thus pushing for more nutrition-sensitive governance overall.

MOTHERS' COMMITTEES AT THE ANGANWADIS

Anganwadis, as part of the integrated child development scheme, are crucial to enhancing nutrition. Women attached to anganwadis are frontline workers who form an important link between the government and the public. They ensure immunisation drives are carried out, provide basic healthcare and supplementary nutrition for pregnant women and new mothers. They monitor non-formal pre-school education of children aged between three and five as well as refer cases of malnutrition to medical professionals.

Anganwadi and ASHA workers (community health workers that serve as an important interface between people and healthcare systems) with over a decade of experience speak of one significant change after THP’s interventions: their communities have greater trust in them. “We feel more supported,” says Mamta Gupta, who has been an ASHA worker in Madhya Pradesh for 14 years. “They [THP interventions] have helped mobilise and motivate people to access us and the anganwadi services.”

Lakshmi, who has been an anganwadi worker in Odisha since 2005, feels THP programmes have encouraged pregnant and lactating women to join mothers’ committees. “They ask questions about government schemes and services,” she says. “So I feel more motivated to respond or refer them to the relevant departments.” She jumps out of her chair to show us the “Poshan Tracker” - a mobile app that records the nutritional parameters of women and children. An increased sense of accountability means she now monitors the app daily.





Left: Mamta Gupta, ASHA, Madhya Pradesh; Right: Lakshmi, anganwadi worker, Odisha

Mothers' Committees meet at anganwadi centres to monitor services. The committees have become a vital node for women's participation in community health. They bring together adolescent girls, pregnant women, new mothers and mothers of malnourished children, putting them in conversation with anganwadi and ASHA workers as well as elected women representatives.

Many first-time mothers who joined such committees say they are now more aware of infant care and their own health needs. For instance, social, cultural and family norms have often governed breastfeeding practices, many of them outdated or misguided. Mothers' committee meetings have emphasised the benefits of starting breastfeeding soon after birth as the yellow milk produced then is highly nutritious and rich in antibodies.



Pregnant and lactating mothers from the Garasiya community (scheduled tribe) meet. Rajasthan

The meetings also emphasised the importance of growing one's own food. Basanti Naik, a 28-year-old in Odisha,
says those who did not have enough space for kitchen gardens were given jute sacks to grow vegetables. "They may be small, but they are safe as no chemical fertilisers are used, unlike with the market produce," she says. Basanti adds eagerly, "On Wednesday or Friday, depending on when it is available, we prepare a meal with meat. It's a cultural practice in Adivasi communities."



During a mothers' committee meeting in Madhya Pradesh, one of the members, Suman, takes us through the spread of vegetables that have traditionally been eaten by her community. There were bathua and spinach leaves, amla (Indian gooseberries), custard apples and tomatoes, maize, bajra (pearl millets), kodai (little millets), sesame and chickpeas, as well as mahua and tendu flowers. "Each one is grown in our kitchen gardens or sourced from our forests; nothing is bought from the market," she says proudly.



Affordability is another factor determining food choices. So at meetings with mothers' committees, we disseminated information about government schemes supporting pregnant women and new mothers. Most participants from economically and socially vulnerable groups later said they had enrolled in different government schemes and were receiving financial support. This could be the Matru Vandana Yojana or the Janani Suraksha Yojana, which aims to reduce maternal and neonatal mortality. In Odisha, some had opted for the Subhadra Yojana, a scheme offered by the state government where women receive Rs 50,000 over five years.



Take Sunmani Batra, a 27-year-old who registered with the scheme before the birth of her second child. She found out about it only after joining a mothers' committee, and regrets she was not aware of it when she had her first child. "These are incentives that encourage women to change their ways of thinking and doing. The money part acts as a boost for many in dire times. Changing age-old behaviours are not easy sometimes, but access to financial opportunities can motivate positive change," expressed Sohapyasi, 48, an anganwadi worker in Madhya Pradesh.

Mothers' committees and anganwadis have persuaded many women to enter public spaces and press for their rights.

In Madhya Pradesh, Pooja Verma, a 38-year-old Dalit woman, shares wisdom she had received from "Didi", an honorific used for older women or sisters, at a community meeting facilitated by THP. "Didi told us that our presence in these committees gives us the power to hold multiple local institutions accountable," says Pooja, who is also a mothers' committee member. Armed with new confidence, Pooja and other people in her community headed to the local school to protest against caste discrimination by the cook who made mid-day meals for children. The cook, she says, had made children from her community sit separately and wash their own utensils. Pooja and others also complained that the cook did not follow proper hygiene, which was making children fall ill. "Because we became aware of our role as parents, we had the courage to force the school to take action against her," Pooja says. "Things have improved in the last few months."

Sundari Adivasi, a 23-year-old who also lives in Madhya Pradesh, attended her first mothers' committee meeting in June 2024. It proved to be life-saving for her two-year-old daughter. Sundari says her child was immediately referred to a nutrition rehabilitation centre by an anganwadi worker. Her daughter is now healthy. Sundari is also glad that the system ensured she received wage compensation for each day that her daughter spent at the centre.





Left to right: Sundari Adivasi & Pooja Verma; Madhya Pradesh

VILLAGE HEALTH, SANITATION, NUTRITION

Like mothers' committees, activating VHSNCs or Gaon Vikas Samiti (village development committee in Odisha) are critical to triggering positive nutrition and hygiene behaviour. It is an important mechanism and an opportunity for community participation, governance and collective decision-making on health, village hygiene and nutrition issues.

This is particularly important for ASHA and anganwadi workers who feel there is a massive gap. “Community members would not come to the meetings earlier as unaware, the small fund we receive often remained unutilised. Everything was in disarray,” shared Ullas Harijan, an ASHA worker in Odisha.

Precisely why it became vital that these committees were reconstituted, strengthened and made effective. Speaking to members highlights the increased presence of marginalised voices that were mostly absent before, especially in the tribal areas. Sashi Harijan, a community member in Odisha, in a firm voice, shares, “We are now realising our role, our power and why we need to participate. We can hold them accountable to our concerns.” She adds, “THP’s support helped build that trust between us and the panchayat members of the committee.”

This was a sentiment visible across all states. “Newly built awareness and trust gave us the confidence to ask questions as well as become more engaged in monitoring the services along with anganwadi and ASHA workers,” Sashi continues. Whether it is keeping the drains and tube wells clean, garbage collection, regular health checkups, immunisation, or receiving take home ration at the anganwadi, we see crucial manifestations of active citizenship in nutrition and health governance on the demand side.



Sashi Harijan, VHSNC community member



Parvati Dolai, anganwadi worker; Odisha

On the supply front, anganwadi workers like Snehlata Chaudhury (41, Rajasthan) and Ashwani (28, Karnataka) share about the usage of VHSNC funds (INR 10,000), which often remain unutilised, for various purposes - to repair anganwadi buildings, painting awareness messages across village, chlorination of water to disinfect drinking water systems, set up kitchen gardens in some cases, buy desks and chairs, etc. Snehlata tells, “We recently bought water campers and a new weight machine to ensure regular check-ups were not hindered." Parvati Dolai, 38, an anganwadi worker in Odisha, hopes to build dustbins/compost pits to recycle organic waste, which can be used as manure for kitchen gardens.” Ullas also has other ideas, such as “starting a small emergency fund for those who cannot afford treatment and providing transport.”





Left: Ullas Harijan, ASHA, Odisha; Centre: Snehlata Chaudhary, anganwadi worker, Rajasthan; Right: Ashwani, anganwadi worker, Karnataka

Panchayat functionaries are also skilling up. 41-year-old Leela Devi, an anganwadi worker in Rajasthan, says, “We learned to draw vision maps, which helped us identify the most vulnerable families and undernourished children.”

THP’s efforts to enhance nutrition have seen heartening gains in rural health services and awareness. Shivmurthy, a community health officer in Karnataka, has become a member of the newly activated VHSNC. He says it has expanded his understanding of health as not only about curing diseases but also preventing them. At the monthly health camps on non-communicable diseases, he now gives out more “nutrition-focused information”. And he pays more attention to the health problems of adolescent girls, conducting haemoglobin tests and urging them to take iron supplements.

Panchayat committees are slowly pushing against the barriers of caste in villages, becoming safe spaces for Dalits and Adivasis to meet, ask questions and raise concerns. “Asking questions here means we can also voice our issues in the gram sabha [village assembly], where we were often snubbed because we belong to the Dalit community,” says Pooja.

Many members of such communities feel that acting collectively can help them be heard by institutions that ignored them before. As one Dalit woman says: “We have learned to sit together, to listen and understand that we have shared problems that can be resolved collectively even though we come from different caste groups.” But listening to one another can still be a struggle, she admits.



Shivmurthy, community health officer, Karnataka



Leela Devi (in pink sari), ASHA, Rajasthan

THP's nutrition-based programme is a conscientious and strategic effort to close the existing gaps in access to nutrition. Any small change in eating and cooking practices indicates a shift in old social norms that determined who ate first and whose health was prioritised.

Revival of institutional mechanisms of the panchayat, ensured they become safe spaces for people from marginalised communities. We saw previously excluded members of village communities take ownership and become more active in matters of rural governance and collectively finding solutions in the face of disparities. Across states, this was the common consensus: "We are learning by doing."

One story narrates the confidence engendered due to access to knowledge. One story expands the ability to engage in spaces hitherto unavailable. One story emboldens voices. One story recounts new learnings. One story leverages power and responds to community needs. One story feels motivated because of the support it receives.



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