

A case study of collaboration: cyclical negotiations between theory and practice for building knowledge in nutrition, with the intent to action

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Introduction

While malnutrition amongst children and women has been the subject of much concern in India, the issue has remained largely in the domain of 'technical medical expertise' rather than in the lives of people and communities who suffer it. Though this domination has been contested, few processes have emerged in actual practice, that could have the privilege of sustained engagement and action with communities; keeping in mind that community processes need to be given primacy, and simultaneously, technical issues need to be communicated, discussed and negotiated in a manner allowing for community ownership and action.

A collaboration between a public health resource organisation - Public Health Resource Network (PHRN) and Professional Assistance for Development Action (PRADAN) has piloted an innovative process to work with village women to communicate theoretical precepts of nutrition and malnutrition as a starting point for a cyclical process of co-producing knowledge that is relevant to the engaged women, is owned by them and can facilitate action for change. The intention was to build upon existing (indigenous) knowledge with inputs from standard western/scientific systems, to achieve a practice that is owned by the communities concerned.

This process has necessitated much learning for the resource organisation in terms of pedagogy and process, and has also shed light upon the enabling collaborative environment that is required for such a process, considering its slow pace and labour-intensity.

The process, termed Facilitated Action Against Malnutrition (FAAM), under the Partnerships for women's empowerment and Rights (POWER) project of PRADAN, builds upon the previous work of both organisations. PHRN has been engaged in building capacities for public health and nutrition action, and PRADAN in creating community institutions (Self Help Groups (SHGs)) for improving livelihoods. Of late, PRADAN has decided to integrate other sectors into its work, and approached other resource organisations such as PHRN to assist this. While working in different sectors, the organisations have had a similar perspective and approach where community processes are considered critical and fundamental for action, even for issues considered highly technical, such as health and nutrition (PHRN) and agriculture, irrigation and animal husbandry (PRADAN).

This paper attempts to describe briefly and analyse both the experience and learnings from the knowledge building process, potentially leading to transformation, and the characteristics of the enabling collaborative environment.

The collaboration - underlying principles and complementarities

The leadership of the resource organisation has had a long history of collaboration through the engagement with two major campaigns; the People's Health Movement - India (Jan Swasthya Abhiyan) and the Right to Food campaign. These collaborations have come about in the course of long-term pro-people struggles that have forged an understanding of the worth of engaging in flat, non-hierarchical, trans-organisational peer networks with the express purpose of making exponential rather than incremental impact.

The campaigns have been underpinned by a common vision and non-negotiables (defined by documents such as charters and position papers), mutual trust and respect. Since funding is not involved and the campaigns do not carry out projects or programs, organisational structures consist of broad steering committees/coordination committees and general bodies, which function for decision-making, conflict resolution and consensus building. However, these previous collaborations had largely been between intermediary socially active organisations with middle-class leadership. Though field activists and mass organisations such as trade unions, positive-peoples' networks and women's organisations have been part of such networks, the mass based organisations have not had effective representation or played leadership roles, especially in the more technical health and nutrition related movements. Community based organisations have been largely missing in these formations and these are gaps the networks themselves have also identified. The group believes in a systems approach and that the government bears primary responsibility for the provision of services and facilitating the actualisation of rights. However, it also believes the systems themselves need to be transformed or even recreated to subscribe to participatory principles.

More recently and specifically for a nutrition project, the Action Against Malnutrition (AAM) program, PHRN has been engaged with a consortium of NGOs, in which it plays the role of the program management unit (PMU). This consortium defines core values of 'democratic functioning, integrity, understanding, excellence, unity and responsibility' for itself.

“Understanding: We must be caring, show respect, compassion and humanity for our colleagues, partnering communities - particularly women and children; and always work for the larger benefit of the communities we serve. Team members with special assignments will be sensitized to imbibe and display qualities required of persons in such positions e.g. for the crèche workers - respect, dignity, equality, love and care, patience, non-discrimination, empathy and professionalism.”

PHRN has also experienced unsatisfactory collaborations, such as with some government agencies and donor agencies; where power differentials had not been acknowledged consciously and obviated, and has learned from these.

The PRADAN-PHRN collaboration was predicated upon a common faith in the capacities of the individual members of the community to be able to engage and take action in favour of their own and the community's health and nutrition, as well as a strategic understanding that community-based organisations must remain centre-stage in transformative processes for them to be correctly aligned to their needs and rights, and be organisationally sustainable. The challenge was thus not of the vision *per se*, but of translation of that vision to encompass issues that have been considered medical and technical. Apart from a common value-base, both organisations carried distinct and complimentary advantages for working on nutrition. PRADAN has the advantage of years of community mobilisation and relationship-building resulting in vast numbers of SHGs led by village women. PHRN had the advantage of a previous collaboration that had reinforced their faith in community-based management of malnutrition in the same geographical areas as the intended program with PRADAN. Both groups have key resource persons, trainers and hand-holders, who are already well inducted into community processes, one set with the additional advantage of technical understanding on nutrition, and another with technical understanding of the 'nutrition-sensitive' social determinants of health and nutrition (water and sanitation, agriculture, poverty). The integrated approach being adopted by PRADAN also involved capacity building on gender issues that potentially add to the PHRN-PRADAN collaboration since gender is a major determinant of health and nutrition.

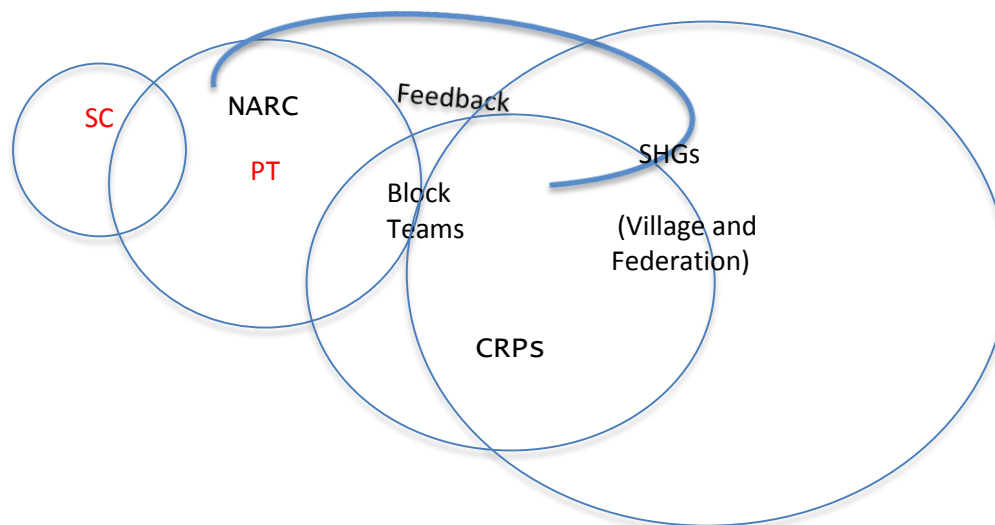
The cyclical program structure and process

A steering committee (SC) was set up to include the senior executives of PRADAN and PHRN to guide the program with the notion that the entire process would be participatory and iterative, guided by cyclical negotiations between theory and practice at every step. It is to PRADAN's credit that it was able to negotiate the requirements of such a process with funders since it necessitates patience, time and labour, and has limitations for short-term impact in the strict statistical sense. A 'central' program team (PT) was set up as an expansion of the steering committee, consisting of predominantly of members but including a PRADAN senior executive over and above the steering committee. The program team also incorporated the block teams for participation in material and pedagogy development through representation by a nodal PRADAN executive and a dedicated PHRN 'nutrition' person located in every block. Thus, by intent, there was an overlap between the steering committee, central program team and the people directly engaged in the program at field level. This has been a critical learning from past experience and was non-negotiable in the AAM collaboration as well. Where PHRN is concerned, there is not much choice because it is a very small organisation and members multi-skill across levels and functions.

The block teams, in turn, worked with the community resource persons (CRPs) from the SHGs themselves. Thus, the program creation and implementation use a collaborative frame of overlapping and enlarging circles from 'national' to 'village' with a cyclical feedback loop as the pilot progressed (Figure 1).

Through a further collaboration by PHRN, senior trainers were brought in through its Nutrition Action Resource Cell (NARC) comprising of trainers sourced from other organisations and they too participated in the program team.

Figure 1. Cyclical structures and feedback loops



NARC: Nutrition Resource Cell; SHG: Self Help Groups; CRP: Community Resource Person

Pedagogy, curriculum, material, methods and process

It was decided to create pedagogy, curriculum and materials to facilitate conversations on health and nutrition that would be specific to the location of the program. This reasoning was two-fold; to ensure they were culturally and socially appropriate, and that the process itself created ownership over the content and program. The program was to be piloted in three blocks of three districts in the states of Odisha (Kandhamal district) and Jharkhand (West Singhum and Dumka districts)

The first step to create the material and curriculum, comprised of a community needs assessment (CNA) for which the program group devised a tool. The process involved a rapid assessment using focus-group discussions with the women at village level conducted by the central program team and PRADAN block teams.

Based on the CNA process and field experience, the key principles in developing the material were articulated as follows:

- Women's health rights will be the over-arching frame
- Each phase must have limited content

- Mode of transaction of content will be pictorial, audio-visual, demonstrative, repetitive, using games and cultural media. Minimal or no text used
- Reinforcement plus additional content in each cycle (70:30)
- The following elements in each session
 - Facilitated personal experiences of the subject to be covered
 - Transaction of content for that session (key messages) using the methodology decided upon (pictorial)
 - Demonstration
 - Group discussion
- Slow pace with reiteration of key messages through every layer of the session

Keeping in mind the time and resources available, the entire pilot was distributed into three 'perspective building' cycles (henceforth PBI, II and III).

A meeting of the program team including senior trainers was called prior to each cycle to broadly direct and outline the curriculum and methods that were then refined by PHRN to form the module guides alongside their communication materials.

These were then transacted with the CRPs at a block level, two-day, capacity-building exercise across three days. The objective was to build the capacities of the CRPs to conduct village meetings on the subjects covered to be able to provoke and facilitate action at various levels. A formal cyclical feedback process was used to refine the materials and guides after each cycle. Additionally, the central program team jointly carried out field reviews from time to time. Currently, at the time of writing this paper, the third and last cycle is in process.

Potential and perceived gains

This collaboration is in an early phase, but has been satisfying for all partners thus far, as discussed below.

PHRN has, for historical and strategic reasons, worked directly with children under six and their parents on the proximal determinants of malnutrition using nutrition specific interventions. It fully understands the limits of this strategy and the immense requirement to work more comprehensively on the distal determinants through nutrition sensitive interventions. Traditionally it has tried to achieve this through policy advocacy and mobilisation using the platform of the campaigns as mentioned above. Working with PRADAN has offered the first and highly valued opportunity to engage directly with groups of women in the field who were already working to enhance their economic and agricultural stability. In a sense, it is ready ground for the additionality of nutrition sensitive strategies. PHRN highly appreciates this opportunity for the comprehensiveness and the scale it offers. It sees it as a chance to further explore its hypotheses with respect to community-based interventions for better nutrition, the demonstration of which will offer a significant impetus to policy interventions for larger change. In addition, there is the direct

satisfaction and joy of being able to work with village women and see the energy of the engagement of the entire village community with nutrition-related issues.

In terms of the partnership, it finds great opportunities to learn organisationally since the two organisations are very different. It also appreciates the fact that though PRADAN is far older, more established and stable as an organisation, there is no attempt to patronise or utilise the power differential to create a hierarchy. This also reflects PRADAN's stated mandate to support and promote like-minded organisations. PRADAN has been able to negotiate with donors from a position of relative strength and create circumstances whereby the pace and nature of the project is conducive to a cyclical combination of bottoms-up and top-down processes. This offers PHRN a relative protection from the stresses of 'donor-servicing', which is welcome.

Historically, PRADAN has worked primarily on livelihoods. However, as a result of its learnings, it has been attempting to incorporate various sectors with the idea of bringing an integrated and comprehensive approach to development in the areas it is working in. Simultaneously, the need for action on health and nutrition has arisen from its work on the ground with women as a felt need. In its collaboration with PHRN, PRADAN has appreciated the opportunity equally, to engage with a committed, professional but passionate small group of people who have both expertise and an inherent and long-term interest in work of this nature. There are some subtle differences in experience and analysis between the two organisations with respect to the understanding of politics, which have led to rich debates and discussions, again in a respectful environment that allows learning, collective repositioning and consensus building. Since there is no suspicion of mal intent, neither organisation has shied away from these differences, which is to their credit, and further strengthens the collaboration.

Thus, in the competitive world that affects social organisations as well, this is a mutually respectful, appreciative and valued relationship that allows an environment of critical evaluation and learning at both ends.

It should be noted that arriving at a state of relative trust and comfort requires skills of professionalism, transparency, negotiation, communication and administration that both organisations seem to have in good measure. Both organisations understand the need for clarity on organisational roles, abilities and limits, while working in solidarity. They do not take organisational issues for granted and put effort into the organisational, even while giving precedence to the program with the community.

At the level of the CPRs and the village community, since PRADAN was responding to a felt need to bring in health and nutrition related programs, the uptake of the program has been enthusiastic on the whole. The issues relate to the daily lives, struggles and sorrows of the women themselves and their precious families. Thus the content of the capacity building has found a fair amount of traction and fairly high levels of retention and understanding.

A small self-perception exercise carried out with the CRPs in Chakradharpur revealed that 43 percent felt they had learnt a lot from the training, and 23% felt they had been able to influence changes in the village in favour of better nutrition in a 'very good' way within nine months of the rollout of the program.

Translation to action has also been documented in many individual cases (for example, rescuing babies from severe malnutrition, referring cases to the system, improving village level services, women eating better, improving their body mass index (BMIs) and looking after their own health and nutrition). For instance, at least six children were referred to health services and rescued from malnutrition as reported from a single field visit. In one case, the *samiti* (SHG) had paid for the extra costs of treatment.

*“Women are not permitted to go and buy meat but I do”
“We saved a 1.8 Kg baby, didi!”*

Whether this will translate into population level impact on nutrition remains to be seen and will be assessed through a formal evaluation, both qualitative and quantitative. Meanwhile, it is hoped that explicating the elements of successful collaborative work will encourage other organisations to also transcend organisational limitations through such processes for exponential impact in the domain of social action.

Elements for a successful collaboration

- Similar values; respect, equality, democracy, transparency, professionalism
- Common cause
- Organisational self-awareness
- Organisational skills of communication, administration, negotiation
- Fora for conflict resolution and consensus-building
- Participatory structures and methods at every level for planning-implementation-review cycles
- Appropriate project pace and expectations of outcomes

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