

Multi-sectoral Approach to Improving Nutrition Security

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Background

Although India has made tremendous advances in science, medicine, information technology and many other fields, and has experienced unprecedented economic growth over the past decade, malnutrition remains unacceptably high. The national costs of malnutrition¹ are very high: productivity losses are estimated at more than 10 percent of lifetime earnings for individuals and 2-3 percent of gross domestic product for the nation. More than 60 years after independence, almost half of India's children are underweight, and more than 70 percent of women and children suffer from serious nutritional deficiencies such as anaemia. Improvements in nutrition therefore are essential for ensuring healthy and productive lives and continued economic growth and development².

Starting in 2007, the USAID-funded Vistaar Project led by IntraHealth International, helped to unite a group of public and private sector leaders dedicated to improving India's nutrition security, which became the Coalition for Sustainable Nutrition Security in India (the Coalition). The Project served as the founding Secretariat for the Coalition, which was chaired by the renowned agricultural scientist and leader of the Green Revolution, Professor M. S. Swaminathan. In its secretariat role, the Project facilitated the development and dissemination of a consensus statement on improving nutrition security, called the *Leadership Agenda for Action*. The Project also supported the development of a *Block Operational Plan* aligned with the *Leadership Agenda for Action* and the implementation of this plan as a demonstration initiative in one block of Gumla district in Jharkhand.

Developing a Leadership Agenda for Action

In February 2008, as its first major action, the Coalition formed an Expert Task Force to review nutrition security in India in order to 1) highlight the urgent need to address high levels of malnutrition in India; 2) develop recommendations for priority actions based on evidence and programming experience; and 3) help build awareness, capacity and commitment among policy and programme leaders for implementation of the recommendations.

The Coalition took the following approach to prepare the paper, which later became a part of the *Leadership Agenda for Action*:

- Inviting recognised experts representing a wide range of groups and different perspectives to contribute as Task Force members
- Reviewing the evidence and literature about how to improve nutrition security
- Evaluating and prioritising the best opportunities available to improve nutrition security, including a large number of Government schemes and programmes directly or indirectly related to nutrition
- Seeking Task Force member agreement on the key recommendations to improve nutrition security

The Task Force members took a broad and multi-sectoral view of nutrition security and defined nutrition security as “physical, economic and social access to, and utilisation of, an appropriate, balanced diet, safe drinking water, environmental hygiene and primary health care for all”.

As per the initial task force recommendation three papers were written by separate task force, these were:

1. *Overcoming the Curse of Malnutrition*, a general overview of nutrition security issues in India and major recommendations
2. *Essential Interventions for Reducing Malnutrition in Infants and Young Children in India*
3. *Essential Interventions for Reducing Malnutrition in Girls and Women in India*

These three papers were combined to form the *Leadership Agenda for Action*. In addition, Professor Swaminathan, the Coalition Chairperson, added a statement called: *A Five Point Charter for Overcoming the Curse of Malnutrition*. The Secretariat coordinated a review by other experts, and an approval and endorsement process. The *Leadership Agenda for Action* was shared through several dissemination events and presented to the Planning Commission in June 2010. The key recommendations are summarised below, according to the two major recommendation areas 1) What needs to be done and 2) how to do it.

What Needs to Be Done?

The Coalition calls for the following critical actions to achieve nutrition security:

1. Focus on proven, *essential nutrition interventions*, which include the timely initiation of breastfeeding within one hour of birth, exclusive breastfeeding during the first six months of life, the timely introduction of age-appropriate complementary foods at six months (adequate in terms of quality, quantity and frequency), hygienic child feeding practices, improved nutrition for women (especially adolescent girls, pregnant women and lactating mothers), focusing on iron and folic acid supplements and de-worming, and timely, high quality therapeutic feeding and care for all children with severe acute malnutrition.
2. Focus on proven, *essential primary health care interventions*: full immunisation, biannual vitamin A supplementation with de-worming for infants and young children, appropriate and active feeding of children during and after illness, including oral rehydration with zinc supplementation during diarrhoea (with leadership from the Ministry of Health and Family Welfare).
3. Promote *personal hygiene, environmental sanitation, safe drinking water and food safety* (with leadership from Ministry of Rural Development).
4. Integrate household food and nutrition security considerations into the *design of cropping and farming systems* (with leadership from the Ministry of Agriculture).



A Leadership Agenda for Action

The Coalition for Sustainable Nutrition Security in India

5. Expand and improve *nutrition education and awareness* as well as involvement and accountability for improved nutrition at the community level (with leadership from the Ministry of Women and Child Development and the Ministry of *Panchayati Raj* [local self government] and including others, such as the Ministry of Information and Broadcasting and the Department of Education).

How to Do It?

Based on the Indian context and significant programming experience, the Coalition recommends the following ways to improve nutrition security:

1. Expand efforts to *engage and empower vulnerable communities*, particularly women in these communities, to overcome malnutrition (including through *Gram Sabhas* [local councils] and self help groups).
2. Ensure that nutrition related programmes *focus on key nutrition outcomes and reach the priority target groups* of children under two years of age, and women (especially adolescent girls, pregnant women and lactating mothers) in order to break the intergenerational cycle of malnutrition and to achieve the desired results.
3. Strengthen the focus on improving nutrition through a *leadership and coordination* mechanism with clear authority and responsibility, working from local to national levels (possibly through a mechanism like a Ministry of Nutrition).

The Secretariat established a website where information about the Coalition, a complete copy of the Leadership Agenda for Action and related documents are publicly available (www.nutritioncoalition.in). The Vistaar Project also provided technical assistance to develop block-level operational guidelines, based on the Leadership Agenda for Action. These guidelines are designed to facilitate implementation of the key recommendations and include appropriate block-level activities, monitoring indicators, job descriptions for essential staff and illustrative block level costs.

The Gumla Demonstration Effort

In mid 2010, the Vistaar Project initiated a multi-sectoral effort to operationalise the *Leadership Agenda for Action* in Sadar block in Gumla district in Jharkhand. The Vistaar Project collaborated with local partner *Vikas Bharti Bishunpur* who provided technical assistance to the district and block level Government departments and at the community level. The Project transitioned support of this demonstration effort to Save the Children India³ at the end of the Vistaar Project in 2012. This report provides process documentation and lessons learned based on the Project Information System.

The *Block Operational Plan* relies on well accepted and proven approaches, and the key to success is taking a coordinated and multi-sectoral approach to address malnutrition. Accordingly the demonstration effort focused on leveraging existing government programmes and forging strong district and block level coordination mechanisms to reduce malnutrition in the target population of infants, young children and women.

The Project technical assistance areas can be summarised as follows:

1. Improving leadership and coordination for nutrition, which included forming district and block coordination committees
2. Deploying additional community based workers called Nutrition Advisors to build nutrition awareness, work across sectors and serve as a bridge between the community and government departments and services
3. Building capacity of frontline workers to conduct home visits, and provide essential nutrition information and services
4. Strengthening Village Health and Nutrition Days
5. Increasing availability of locally grown nutritious food, including through establishing school, community and kitchen gardens and increasing growing of nutritious foods
6. Improving availability of safe water and sanitation facilities, through improved outreach and education as well as improved infrastructure
7. Empowering women and adolescent girls, including through self-help groups, counselling, advocacy with community leaders and promotion of an enabling environment (e.g., improved access to food)

Improving Leadership and Coordination for Nutrition

Collaboration across government sectors is vital to achieving the necessary improvements in nutritional status. The Project led multiple assessments to understand the situation in the block including nutrition indicators, the availability of infrastructure and the reach of Government schemes. Block and district level leadership used the data to identify opportunities and select targeted nutrition-related actions that could be taken by each department. The Project facilitated the creation of two multi-sectoral committees to foster district and block-level coordination across a variety of government departments; the Gumla District Level Core Committee and the Sadar Block Level Monitoring Committee.

The Gumla District Level Core Committee chaired by the District Commissioner includes stakeholders from different sectors who come together to identify activities that can be implemented by each department to advance nutrition. (Figure 1).

Figure 1: District Core Committee Members



The platform for convergence and collaboration at the block level is the 'Sadar Block Level Monitoring Committee (BLMC)'. The BLMC includes two representatives from the District Level Core Committee and officers from different government departments, including: the Integrated Child Development Services (ICDS) scheme, Health and Family Welfare, Education, Forest, Agriculture, and Water and Sanitation. The Block Development Officer leads the BLMC.

Deploying Community Based Nutrition Advisors

The Block Operational Plan calls for increased nutrition education outreach and basic services, in part through additional frontline workers called Nutrition Advisors. To demonstrate the importance of this effort, the Project hired seven Nutrition Advisors to work in 2-3 *Gram Panchayats* areas each, to cover a total of 25 *Gram Panchayats*. The Nutrition Advisors work across sectors and serve as a bridge between the community and government departments and services, and focus on improving nutrition. They hold meetings in their area to build awareness of the importance of adequate quantity and quality food for key target groups including pregnant women, lactating mothers, children under two and adolescent girls. The Nutrition Advisors both foster convergence between all of the government programmes and fill the divide between these programmes and the communities they serve. Nutrition Advisors support empowerment and self help efforts, facilitate income generating activities for their communities and promote community gardening and growing nutritious food crops. Additionally, the Project team oriented 50 *Panchayat* members (two per each of the 25 *Gram Panchayats*) on key interventions and activities to encourage them to provide support to the

Nutrition Advisors and serve as leaders in improving nutrition security.

Building Capacity of Frontline Workers

Frontline workers play an important role in improving nutrition practices through counselling during home visits to pregnant women and mothers of young children. The Project supported orientation of over 200 frontline workers (*Anganwadi* Workers and Auxiliary Nurse Midwives) and their supervisors to improve their knowledge of essential nutrition practices. The training included counselling on early initiation of breastfeeding, exclusive breastfeeding and complementary feeding. The Project also provided job aids such as counselling flip books for workers to use during their home visit interactions.

Lady Supervisors (who supervise *Anganwadi* Workers) also received additional training in supportive supervision to change their perception of supervision from a punitive approach to one of mentoring and providing support to improve performance. The Project also provided a home visit observation form for supervisors to use when conducting joint home visits, in order to focus their observations and feedback. Training of Lady Supervisors in supportive supervision and the use of the home visit observation forms enhanced the quality of supervisory feedback provided to *Anganwadi* Workers.

Strengthening Village Health and Nutrition Days

Village Health and Nutrition Days (VHNDs) are an important platform for providing nutrition related services for women and children, offering a wide variety of health and nutrition services at village level, on a fixed day each month. Among the 15 services to be provided at VHNDs, six have a nutrition focus.

The Project provided assistance to improve VHNDs as follows:

- Improving planning and monitoring of VHNDs at block and district level
- Improving performance and support for frontline workers (through training and improved supportive supervision)
- Improving quality of nutrition related VHND services (a result of improved worker knowledge and skills)
- Fostering community involvement in VHNDs

The Project worked primarily with officials from the Department of Health and Family Welfare and the Department of Women and Child Development to improve coverage and quality of VHNDs. The Project team developed a module for the three cadres of frontline workers on VHNDs; *Sahiyyas*, ANMs and AWWs, which focused on improving role clarity among these frontline workers, improving services and reporting formats, and monitoring and feedback for strengthening VHNDs. Government officials used existing forums like the

Sahiyya and ANM monthly meetings and AWW and Lady Supervisor sector meetings to offer updates, review progress, and continually build the capacity of the frontline workers in providing quality services during VHNDs.

Growth promotion (including growth monitoring) is an important VHND service as it allows frontline workers to identify malnourished children for intervention, counselling and/or referral. Frontline workers also monitor attendance at VHNDs and follow up with women and children if they were not able to attend. This effective use of data ensures that families receive consistent health and nutrition services, even if they did not attend the VHND.

Increasing Availability of Locally Grown Nutritious Food

The District Core Committee and Block Monitoring Committee members as well as the Nutrition Advisors promoted school, community and kitchen gardens, to increase the availability of nutritious vegetable and fruits. They also educated frontline workers and community leaders so that they would encourage farmers to grow more nutritious crops for consumption, in addition to cash crops. The Department of Education began an effort to increase nutrition gardens in schools to make fresh vegetables and fruits available for the mid-day meals for children, and sold surplus produce which provided extra funding for the school. Prior to this intervention, the schools received funds from the government to purchase rice and pulses, however they did not have access to fresh vegetables. In addition to supplying fresh vegetables, school gardens provide early education for children on nutrition and contribute to lifelong healthy eating practices. These gardens also mobilised the community around providing nutritious food for community children.

The *Bal Sansad* (Children's Parliament) oversees the maintenance of the nutrition gardens in schools with guidance from teachers. The children are actively involved in the caring for the garden, and the *Bal Sansad* also ensures good hygiene such as hand washing before the mid-day meal. The *Krishi Vigyan Kendra* advises the schools about what and how to plant given their soil and climatic conditions. The Rural Development Ministry contributes through the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) that guarantees a certain number of days of employment every year to families living below the poverty line. This scheme pays for local labour to contribute to the gardens, such as by preparing the land and building fences.

The ICDS encouraged *Anganwadi* workers to start nutrition gardens around their *Anganwadi* Centres (AWCs) wherever suitable land was available. The produce from these gardens was added to the supplementary food provided to local pre-

school children at the AWCs. The supplemental food was usually rice and pulses prepared with vegetable oil, and the gardens allowed for enhanced quality and quantity of food. During the Project period, communities in Sadar Block started almost 500 nutrition gardens in homes, schools or AWCs.

The Nutrition Advisors initiated efforts to educate farmers about the importance of a balanced diet and promote the cultivation of pulses, vegetables and developing kitchen gardens for family use (rather than only planting cash crops). They worked to increase awareness of government programmes, such as a National Food Security Mission programme which provides free pulse seeds to increase the availability and consumption of pulses. Following this, the *Krishi Vigyan Kendra*, Gumla trained 180 farmers on pulse cultivation.

Improving Availability of Safe Water and Sanitation

Recognising the importance of water and sanitation in ensuring hygiene and in preventing diseases that contribute to malnutrition such as diarrhoea, the District and Block Committees and Nutrition Advisors worked to expand activities under existing government programmes, to improve infrastructure for safe water and sanitation, such as the construction of toilets, repair of existing hand pumps and installation of new hand pumps for water. The Nutrition Advisors also worked with schools and AWCs to spread community awareness about use of toilets and hand washing with soap.

Empowering Women and Adolescents to Improve Their Nutrition Practices

The Nutrition Advisors also sought to empower women and girls and address gender issues that affect nutrition. The major strategies adopted were increasing the capacity of frontline workers to make targeted home visits and provide nutrition counselling, strengthening the Village Health and Nutrition Days, and increasing educational efforts through women's group meetings.

In addition the Project team helped to improve Life Skills Education (LSE) for adolescent girls through two government programmes, the *Kasturba Gandhi Balika Vidyalaya* (KGBV) and the National Programme for Education of Girls at Elementary Level (NPEGEL), which are targeted to reach the poor and most vulnerable. The Project built the capacity of ten Cluster Coordinators and 23 teachers to provide LSE and focused on building their knowledge and skills in nutrition. The Cluster Coordinators serve as resource persons for approximately 8-12 schools each. The curriculum includes a focus on nutrition (especially anaemia prevention with a focus on improving iron

folic acid (IFA) distribution and consumption) and delaying the age of marriage (which can also contribute to a cycle of poor nutrition, if girls begin childbearing at an early age).

The Nutrition Advisors reached out to women's self help groups and worked to improve their nutritional knowledge and practices. They encouraged the self help groups to get involved in community gardening, and to consider income generating activities that would also improve community nutrition. The Project involved *Krishi Vigyan Kendra* to provide community based trainings on cultivating and selling vegetables and pickling vegetables. Also the Project involved Department of Fisheries to provide trainings on creating fisheries.

Key Findings From the Gumla Demonstration

Findings related to whether the multi-sectoral approach has led to improved nutrition outcomes are yet to be measured as the intervention is still on-going. Preliminary results from the Vistaar Project's monitoring information system indicate that:

- The District and Block Committee enhanced coordination among government departments and programmes. The Committees promoted increased departmental action related to improving nutrition in ten different departments (such as Education, Agriculture, Women and Child Development and Health).
- These efforts are showing early results in Sadar Block, including increased pulse cultivation and consumption, increased growth monitoring in *Anganwadi* Centres, improved quality of home visits by ANMs, AWWs and Sahiyyas and expanded LSE programmes of adolescent girls with nutrition information.



Vision

IntraHealth International believes in a world where all people have the best possible opportunity for health and well-being. We aspire to achieve this vision by being a global champion for health workers.

Mission

IntraHealth empowers health workers to better serve communities in need around the world. We foster local solutions to health care challenges by improving health worker performance, strengthening health systems, harnessing technology, and leveraging partnerships.

For more information, visit www.intrahealth.org

The Purpose of the Vistaar Project

To assist the Government of India and the State Governments of Uttar Pradesh and Jharkhand in taking knowledge to practice for improved maternal, newborn, and child health and nutritional status

Lessons Learned

- Global experience and evidence show that improvements in nutrition security will require a multi-sectoral and coordinated response. Collaboration platforms such as the Nutrition Coalition can play an important role in reviewing evidence, building consensus, prioritising actions, sharing information and coordinating advocacy and actions.
- The use of participatory methods, such as whole person process facilitation and open space technology, helped to build shared ownership, trust and teamwork in the Nutrition Coalition and Task Forces.
- There are many challenges to sustaining a broad based Coalition. Some of the challenges the Nutrition Coalition faced from 2007 to 2011 included widely varying perspectives and sensitivities about the role of corporations or persons affiliated with corporations as members of the Coalition and varying opinions about how to organise leadership and governance for the Coalition.
- Accompanying high level recommendations with operational plans can help translate priorities into action at block and district level.

- Block and district level officials who lead efforts to prioritise nutrition and coordinate inter-departmental efforts, can improve nutrition security.
- The Block Development Officer is an appropriate chair for the block level committee.
- Regular programme reviews, based on data, can contribute to improved nutrition outreach, service quality, service use and practices.
- Community based Nutrition Advisors can be important catalysts for promoting improved nutrition.

Conclusions

The Vistaar Project sought to contribute to improved nutrition security in India at several levels; through national level collaboration and advocacy, the provision of technical assistance to key government programmes, and a block level demonstration of a multi-sectoral approach, in Jharkhand. All of these efforts modelled comprehensive strategy, and included community involvement, addressing equity and gender issues, and systems strengthening. Preliminary findings from these efforts complement other global evidence, to indicate that these are essential approaches to achieve sustained nutrition security in India.

IntraHealth International, Inc. is the lead agency for the Vistaar Project. For more information on the Vistaar Project, see: www.intrahealth.org/vistaar

Technical assistance partner for the Gumla Demonstration efforts:



¹ For the purpose of this paper, the word 'malnutrition' refers to nutritional deficiencies as measured by wasting, stunting, underweight, micronutrient deficiencies and/or anaemia

² Rao, Veena S. 2008 Malnutrition; An Emergency: What it Cost the Nation. CAPART. New Delhi. India.

³ Save the Children India is continuing technical assistance to the effort, as of late 2012 (after the end of the Vistaar Project). Save the Children India also began serving as the Nutrition Coalition secretariat in 2011.