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POLICY RESEARCH INSTITUTE  
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# Partnerships and Opportunities for Strengthening and Harmonizing Actions on Nutrition in India

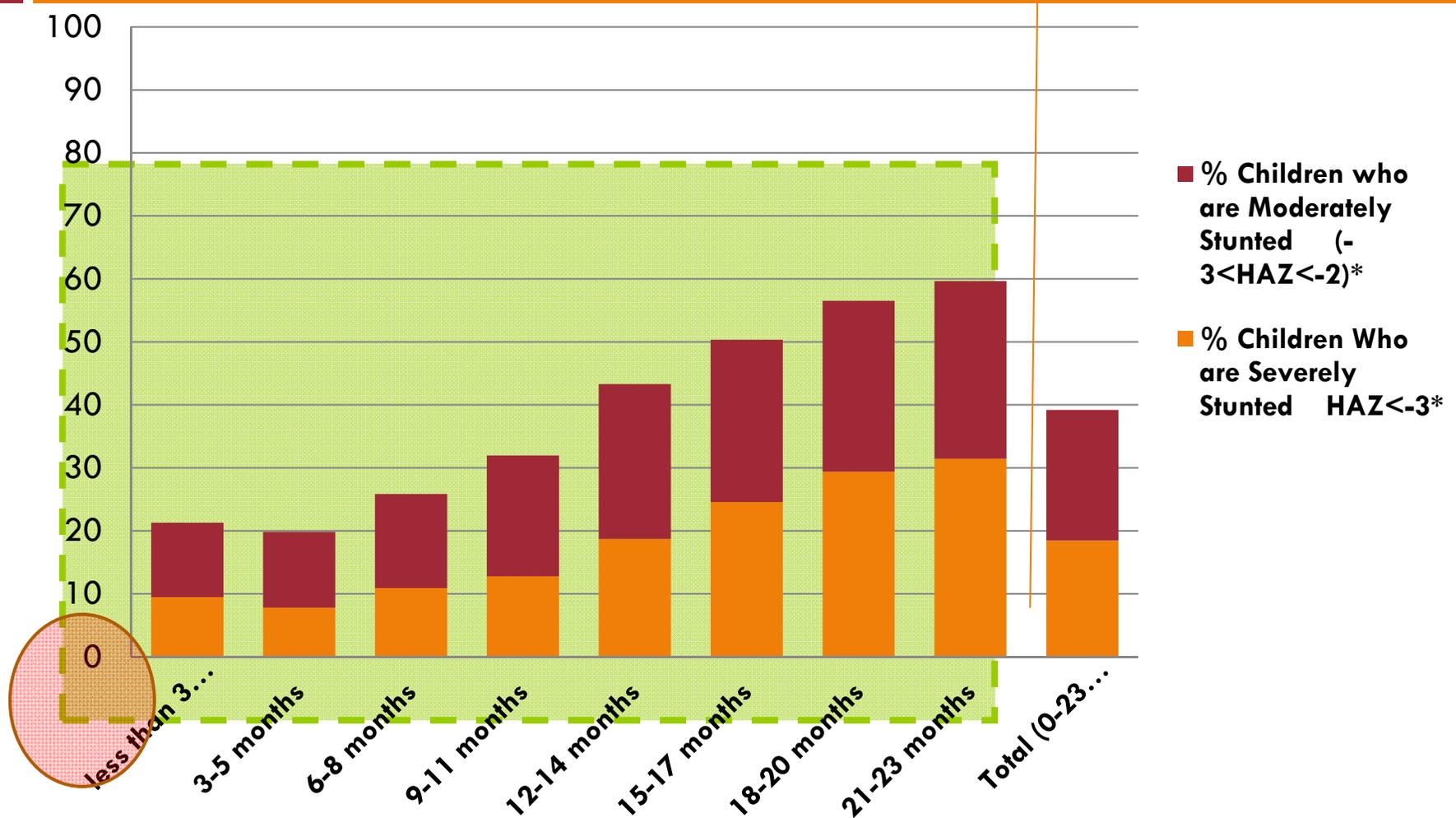
The Nutrition Landscape in India  
Actors, Policies, Networks and Programmes

August 13<sup>th</sup> ,  
2012

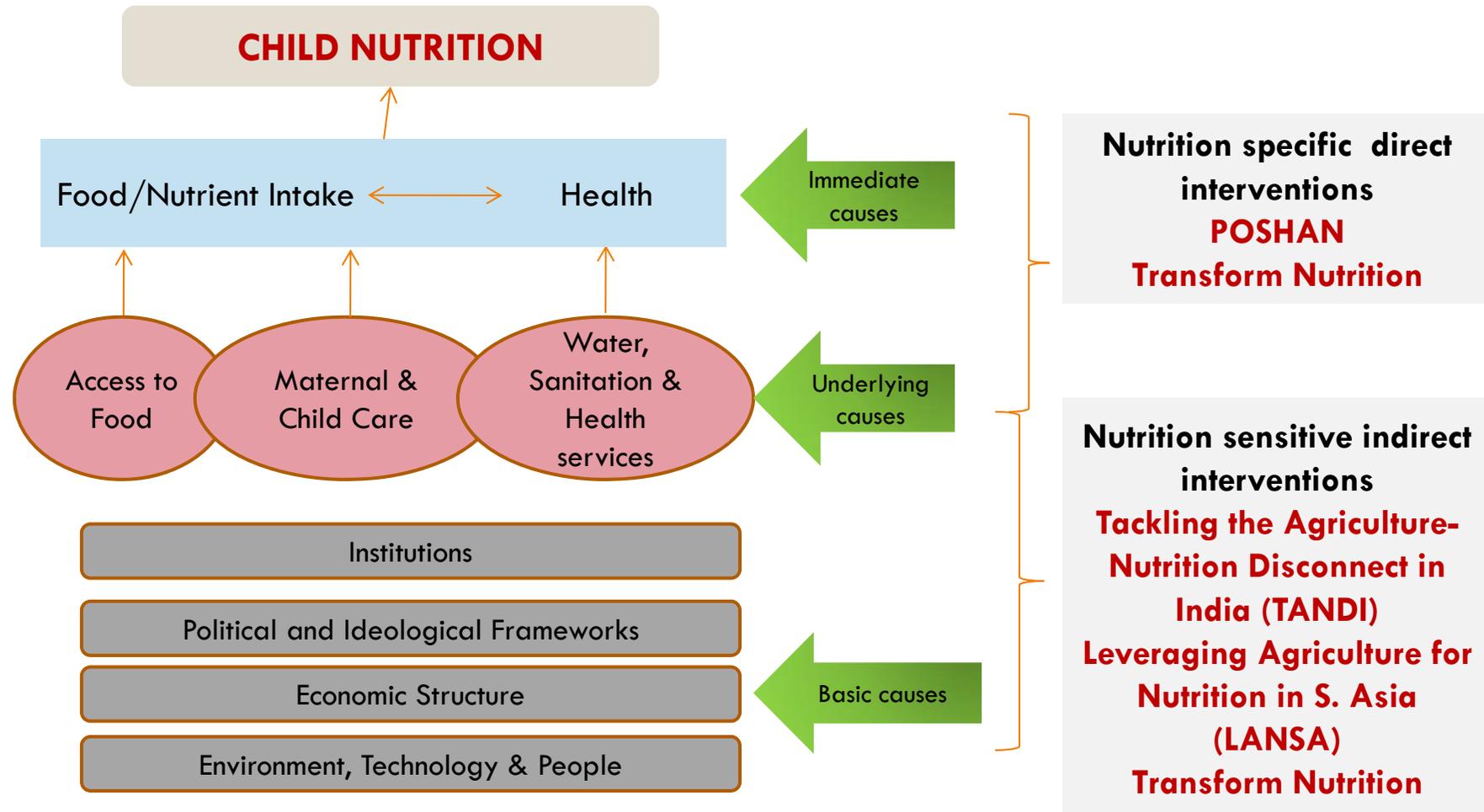
POSHAN

Some “givens” on nutrition

# The biological window of opportunity spans the first 1000 days of life



# Direct and indirect interventions & enabling environments are important



Source: Adapted from UNICEF 1990 and Ruel 2008

We have broad agreements on direct interventions, and evidence that coverage of these matters for child nutrition

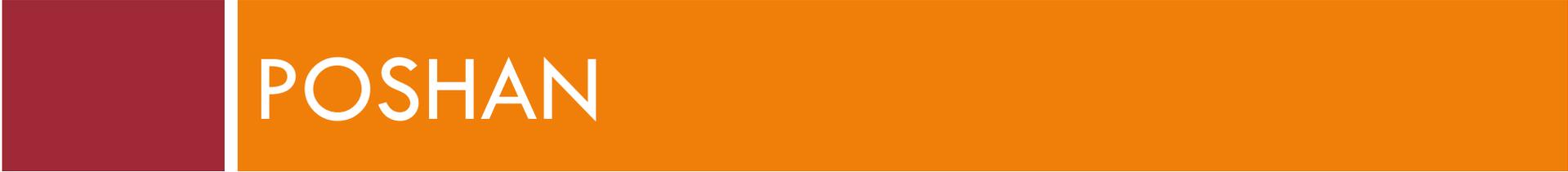


- ❖ Lancet Maternal and Child Nutrition Series(2008)
- ❖ Scaling Up Nutrition (SUN): A Framework for Action (2010)
- ❖ Working Group on Children Under Six (2006)
  - Mostly post-natal interventions, focused on ICDS as delivery platform
- ❖ Coalition on Sustainable Nutrition Security of India (2008)
  - Pre- and post-natal interventions
- ❖ Presented and discussed at Children's Right to Food Convention (January 2012)

# List of essential inputs for child nutrition\*

1. Timely initiation of breastfeeding within one hour of birth
2. Exclusive breastfeeding during the first six months of life
3. Timely introduction of complementary foods at six months
4. Age appropriate complementary feeding, adequate in terms of quality, quantity, and frequency for children 6-24 months
5. Prevention of anaemia
6. Safe handling of complementary foods and hygienic complementary feeding practices
7. Full immunization
8. Reducing vitamin A deficiency
9. Reducing burden of intestinal parasite
10. Prevention /Treatment of diarrhoea
11. Timely and quality therapeutic feeding and care for all children with severe acute malnutrition
12. Improved food and nutrition intake for adolescent girls particularly to prevent anaemia
13. Improved food and nutrients intake for adult women, including during pregnancy and lactation
14. Prevention /Treatment of malaria

**Compiled based on recommendations from the Lancet Series on Maternal and Child Under-nutrition (2008); The Coalition for Nutrition Security in India Leadership Agenda for Action (2010); The Scaling Up Nutrition Framework (2011)**



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# Goal of POSHAN



POSHAN's goal is to support and strengthen policy and programme decisions and actions to accelerate reductions in maternal and child under nutrition in India, through an inclusive process of:

- evidence synthesis
- knowledge generation
- knowledge mobilization

National and State-Level Effort

[Madhya Pradesh, Uttar Pradesh, A.P, Bihar (?), Karnataka (?)]

## Understanding the landscape for nutrition: Actors, policies, networks and programmes



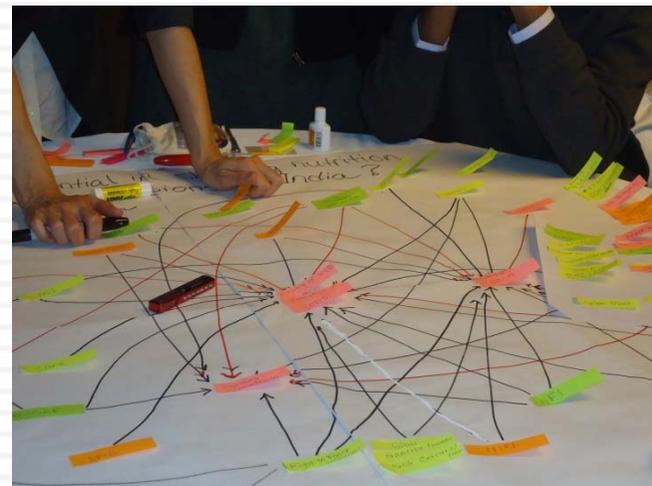
# The landscape of actors in the field of nutrition

## Objectives

- ❖ Who are the actors and how are they linked?
- ❖ Who is influential?

## Methodology

- ❖ *Net-Map*
- ❖ 30 interviewees





## Landscape of use of evidence on direct essential inputs in *policy*

### Objectives of the policy landscape analysis

- ❖ Understand Indian policy landscape in context of supporting direct essential actions
- ❖ Map the use of evidence in policy formulation and understand perspectives of stakeholders

### Methodology

- ❖ Desk review of relevant government policies, supporting documents
- ❖ In-depth stakeholder interviews (about 30)

# Policies and reports reviewed

- ❖ National Nutrition Policy, 1993
- ❖ National Health Policy, MoHFW (2002)
- ❖ Policy on Infant and Young Child Feeding (2004)
- ❖ Policy on Control of Anemia, MoHFW, 2004
- ❖ Policy on Micronutrient Vitamin A, MoHFW
- ❖ Guidelines for Administration of Zinc Supplements (Diarrhoea Management; 2007)
- ❖ National Iodine Deficiency Disorder Control Programme (1992)
- ❖ Operational Guidelines on Facility-based Management of Children with Severe Acute Malnutrition (SAM) (2011)
- ❖ Operational Framework for Weekly Iron-Folic Acid (WIFS) Tablets to Adolescent Girls (2011)
- ❖ Provision of Supplementary Nutrition to women and children under ICDS
- ❖ National Plan of Action for Children, 2005
- ❖ Report of the Working Group on Integrating Nutrition with Health (11<sup>th</sup> Five Year Plan 2007-12)
- ❖ Five Year Strategic Plan (2011-2016) 'Towards A New Dawn' (MoWCD)
- ❖ Working Group on Food and Nutrition Security, Planning Commission, 2006
- ❖ Recommendations for a Reformed and Strengthened ICDS, NAC 2011
- ❖ Draft Policy Note on Nutrition & Health submitted to MoHFW, 2007
- ❖ ICDS & Nutrition in the 11<sup>th</sup> Five Year Plan
- ❖ Report of the Working Group on Nutrition for the 12<sup>th</sup> Five Year Plan (2012-2017)

# Evidence of evidence use



- ❖ **Most policies/guidelines are strong on use of evidence**, several sources of evidence used, most common being survey data, less common – programme evaluation data
- ❖ **Global and Indian perspectives used** to identify core issues that impact nutrition
- ❖ **Indirect actions, in addition to the direct actions**, are seen as key in impacting nutrition landscape; **stress on multi-sectoral initiatives** (e.g. economic empowerment of women, food security, improving access to primary healthcare)
- ❖ **Inadequate documentation** of sources of evidence/information and of past processes

# Perspectives on policy environment

- ❖ **National level:** PM's National Nutrition Council meeting (2010); multi-stakeholder consultation hosted by Planning Commission (2011); NAC and other deliberations on ICDS restructuring; Routine IMG meetings to track multi-sectoral actions and progress
- ❖ **Stakeholder engagement active:** Consultations, including civil society engagement window at Planning Commission; direct interactions with PC and MWCD; memberships on task forces and working groups

***Finding consensus is important to move a policy decision forward***

A lingering sense that nutrition not being prioritized enough, resourced enough, and still not fully on the political agenda

# Perspectives on the use of evidence

- ❖ Diverse sources of evidence used, ranging from international scientific journals to civil society sources
- ❖ Information from government sources most trusted (e.g. NNMB)
- ❖ Snippets of credible information at regular basis both physically and virtually important for uptake of evidence
- ❖ Data on problem of under-nutrition well-accepted but lack of the following data constrain iterative improvements:
  - Current data on nutrition status and outcomes
  - Operational issues informing what is working (or not) and why
  - How to make convergence work

*“Technical evidence, though established, but there is always some friction to its acceptability and adoption. [Not all] are well informed, many of these processes of advocacy and sharing of evidence are not based on comprehensive research”*

# Perspectives on the use of evidence

- ❖ Need for greater capacity and skills among key stakeholders to:
  - Demand evidence
  - Generate evidence
  - Use/Interpret evidence and data
  
- ❖ Institutional mechanisms and inadequate learning systems are a major challenge, but some investments can make a difference:
  - Specific state-level data to support effective programme implementation and evaluation
  - Using/interpreting evidence and data to help framing policy and design state-specific programmes integrating health, nutrition and key allied sectors

*“To map effective convergence, there is a need to collate information on actions to be taken by specific Ministries to address the issue of under-nutrition”*

# Knowledge mobilization landscape for nutrition

## Objective

- ❖ To understand the scope and use of knowledge mobilisation networks at the national level

## Methodology

- ❖ Desk review of knowledge networks
- ❖ In-depth stakeholder interviews including with knowledge network convenors

# Knowledge mobilisation landscape for nutrition

## Virtual Knowledge Networks

- Solution Exchange
- South Asian Public Health Forum
- South East Asian Nutrition Research cum Action Network
- Child Health and Nutrition Research Initiative (CHNRI)
- United Nations Standing Committee on Nutrition
- White Ribbon Alliance

## Physical Knowledge Networks

- The Coalition for Sustainable Nutrition Security
- Breastfeeding Promotion Network of India
- Public Health Resource Network
- Right to Food Network
- National Neonatology Forum (NNF)

## Information Repositories

- National Child Health Resource centre (NCHRC)
- National Health Systems Resource Centre (NHSRC)
- Virtual Resource Centre
- National Institute of Public Cooperation and Child Development
- India Development Gateway
- National Institute of Nutrition
- Nutrition Foundation of India
- Mother and Child Nutrition.org
- PRS Legislative Research

# The knowledge mobilization landscape



- ❖ Few play a role at informing policy while most focus on sharing knowledge about programmes, research, capacity
- ❖ Singular focus on nutrition lacking; most commonly subset of health
- ❖ English most common language used by networks; operation at national level
- ❖ Poor linkage between knowledge networks
- ❖ Stakeholders had a fair awareness regarding knowledge networks but limited usage
  - Prefer personal networks and generic search engines
  - Find the use of knowledge networks time consuming
- ❖ Networks would benefit from tracking effectiveness, through more strategic outreach, better design and understanding of the sector

# Conveners' perspectives

## Benefits

- ❖ Cost-effective consultative process
- ❖ Keeps members abreast on current developments and leanings
- ❖ Convergence of issues
- ❖ Integrate existing physical & virtual knowledge networks and provide platforms for exchanges
- ❖ Platform for cross-learning to share best practice and experiential learning
- ❖ Wide reach

## Challenges

- ❖ Sustaining engagement of members
- ❖ Consensus building
- ❖ Participation of decision- makers
- ❖ Resource Constraints
- ❖ Coordination and partnership
- ❖ Limited feedback mechanisms
- ❖ Virtual networks rely on internet access
- ❖ Language barriers

# Operationalizing evidence-informed interventions in nutrition *programmes*

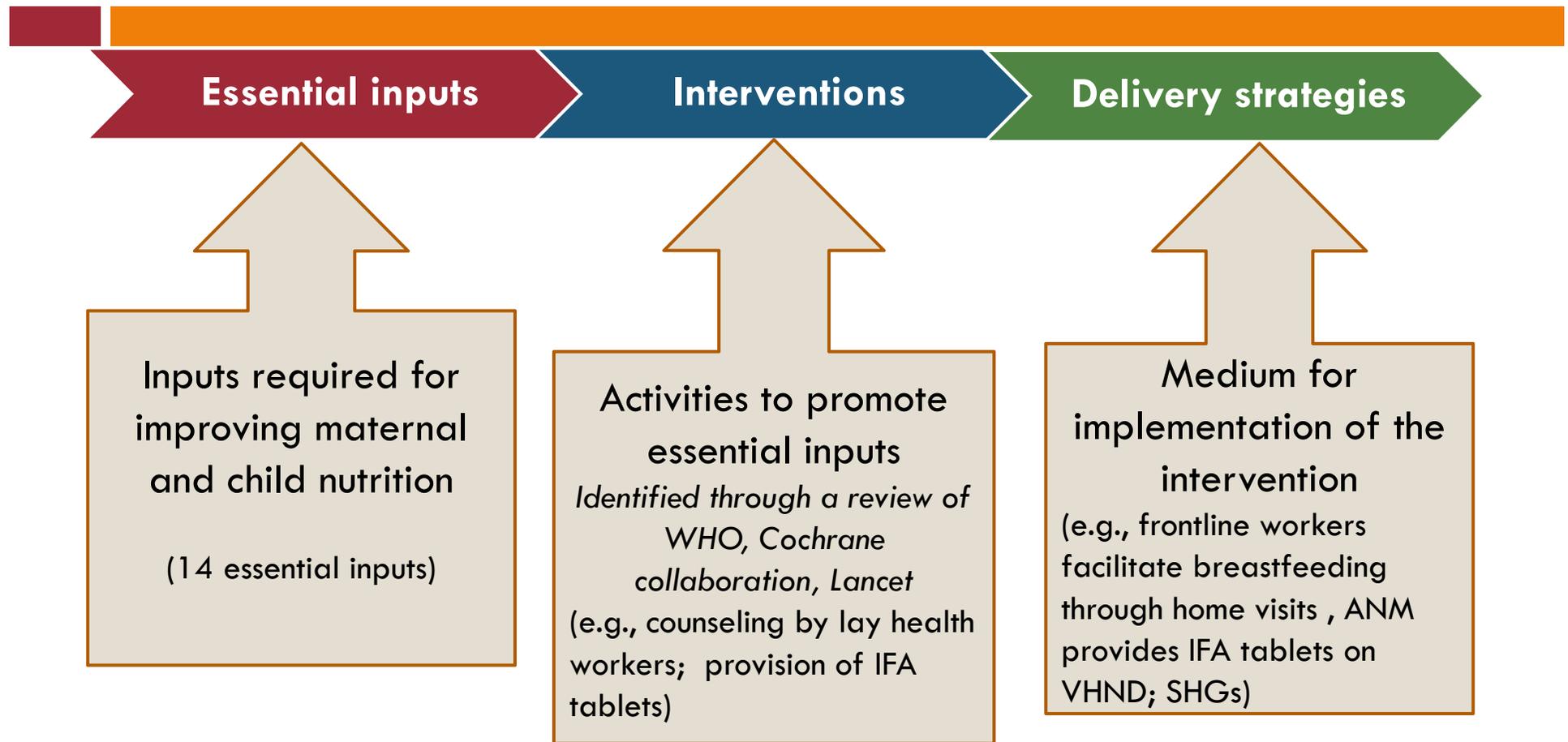
## Objectives

- ❖ Understand how evidence-informed direct nutrition interventions are operationalized within the programme landscape for nutrition

## Methods

- ❖ *Selection of programmes for review:* ICDS and NRHM; best practices identified in earlier reviews; active soliciting of programme information
- ❖ *Total 18 programmes reviewed:* information pertinent to direct nutrition interventions; detailed programme description; implemented at scale

# Concepts and Methods



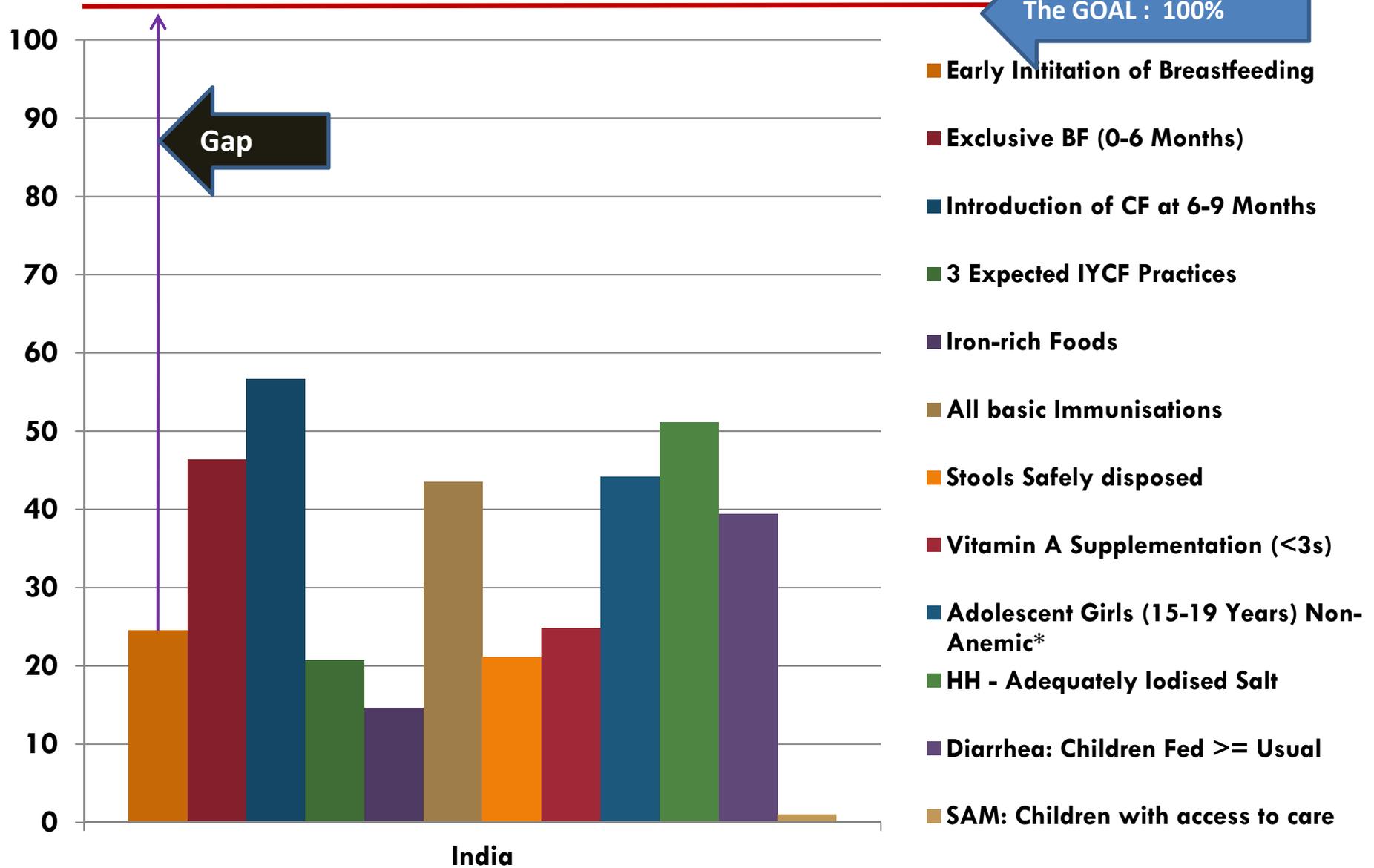
Examined government national programmes (ICDS & NRHM) and NGO programme models from inputs, interventions, and delivery strategies perspective

# Many interventions are evidence-informed with some complementarities and reinforcements

Essential inputs	Interventions in ICDS Program	Delivery of ICDS interventions	Interventions in NRHM Program	Delivery of NRHM interventions
<b>Exclusive breastfeeding for 6 months</b>	Counselling by AWWs	AWWs make regular home visits	ASHAs counsel mothers	ASHAs conduct scheduled home visits.
	Community mobilization	Facilitate VHND	Community mobilization	ASHAs discuss EBF on VHND.
<b>Reducing vitamin A deficiency</b>	Assist ANMs in Vitamin A supplementation	AWWs maintains stock of Vitamin A for ANM	ANM provides vitamin A	ANM provides vitamin A doses on VHND.

ICDS and NRHM incorporate, in design, all the essential direct nutrition-specific inputs

## Coverage of basic interventions in India



## Conclusions and next steps

# Conclusions



1. Policy/programme documents are evidence-informed, but implementation gaps persist
2. Actors are well connected and are abreast with nutrition-relevant scientific developments
  - Felt need for investments in strengthening capacity/skills to use evidence/knowledge more effectively
3. Avenues for knowledge mobilization exist, but lack nutrition focus and credibility for evidence generation and use
4. Stakeholders' paramount concerns include:
  - How to close implementation gaps to scale-up impact?
  - What are operational issues of convergence ? How do we address them?
  - How do we build effective learning systems to improve programs and their impact?

# Next steps



- ❖ How can we create spaces/mechanisms for consensus-building, knowledge sharing and policy engagement given the diversity of actors involved in nutrition?
  - Strengthening existing knowledge networks at national and (select) state levels (e.g. Nutrition Resource Platform, Nutrition Coalition)
  - Exploring new partnerships and innovative mechanism to mobilize knowledge into policy and program decisions-making spheres at national and state levels
- ❖ How can we generate more knowledge, more systematically, on how best to operationalize essential interventions to scale-up impact?
  - Frontline worker survey in Bihar to understand capacity, implementation and utilization of existing health and nutrition services
  - Studies on different models for convergence and operationalizing multisectoral actions (e.g. SERP's nutrition and day care center model )