

# NUTRITION NETWORK MEETING PARTNERSHIPS TO ACHIEVE C<sup>2</sup>IQ

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23 December, 2019 | Jaipur, Rajasthan

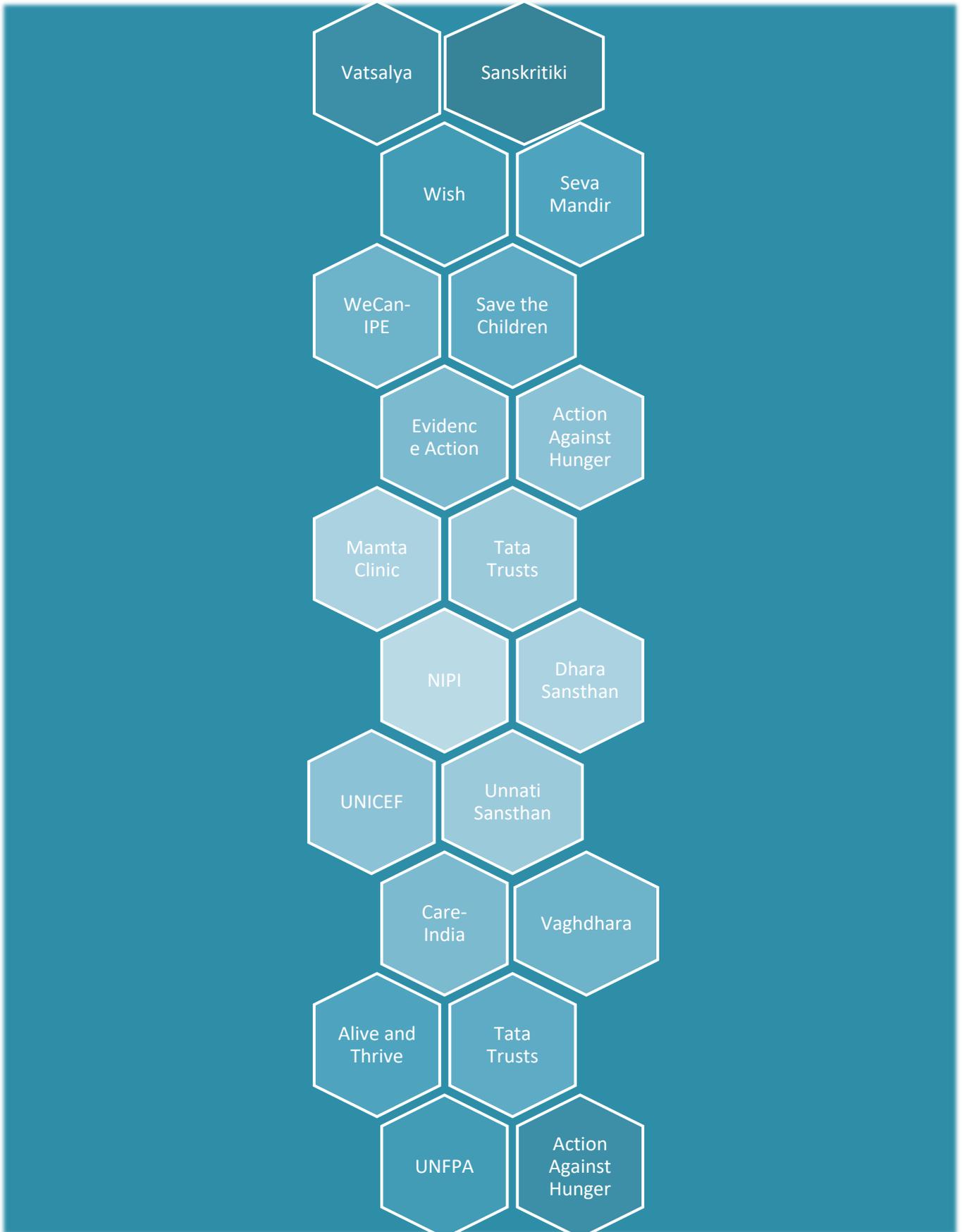
PROCEEDING REPORT



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## Participating Organizations





*(From Left to Right): Binu Anand, National Team Lead, WeCan-IPEGlobal, Shri K K Pathak, Secretary, DWCD, Dr Sujit Ranjan, CFNS, Smt. Pratibha Singh, Director ICDS, Shri Mukesh Meena, Additional Director, POSHAN Abhiyaan, Dr Minakshi Singh, Unicef-Rajasthan*



*Participants during the C2 IQ Meeting, Jaipur, Rajasthan- 22nd December 2019*

## Introduction

POSHAN Abhiyaan or Prime Minister's Overarching Scheme for Holistic Nutrition is a flagship multisectoral program of Government of India to improve nutritional outcomes for children, pregnant women and lactating mothers in the country. It was launched on the International Women's Day in 2018 at Jhunjhunu, Rajasthan.

Achieving the ambitious targets, as envisaged in the POSHAN Abhiyaan with full Coverage, Continuity, Intensity and Quality (C<sup>2</sup>IQ), necessitated a collaborative effort from the development partners working in the domain of nutrition. In response, a national level nutrition partners' meeting was convened in New Delhi on the 11th and 12th of June 2019, facilitated by We Collaborate for Nutrition (WeCan)-IPE Global. The primary aim of the 'Nutrition Network Meeting: Partnerships to Achieve C<sup>2</sup>IQ', was to strengthen coordination and collaboration between development partners. The meeting had over 120 participants representing 23 partner organizations from 14 states of India. As next steps, it was agreed that cascading meetings will be organized at the state level to deliberate on state specific priorities and develop joint action plan by the partners to support effective roll-out of POSHAN Abhiyaan till the last mile.

Subsequently, the C<sup>2</sup>IQ meetings were held in Jharkhand and Uttar Pradesh to cascade the resolutions made at the national level meet to the states. C<sup>2</sup>IQ in Uttar Pradesh focused on identifying key areas on which partners require to support the Government for strengthening complimentary feeding, Anaemia Mukht Bharat and other nutrition programs. Further, the role of each partner was articulated in these meetings. The partners also decided to conduct joint technical trainings for their regional and district staff. As next step, a two-day orientation workshop for district and regional level functionaries of partner organizations on Complementary Feeding (CF) was held in Lucknow, Uttar Pradesh.

In Jharkhand, the C<sup>2</sup>IQ meeting was organized by WeCan-IPE Global in collaboration with UNICEF. The day-long meeting with mapping exercises and technical discussions culminated into the identification of three common thematic areas i.e. First 1000 days, Severe and Acute Malnutrition (SAM) management and Use of data for Strategic Planning, wherein all the partners committed to working jointly.

Continuing the momentum C<sup>2</sup>IQ in Jharkhand and Uttar Pradesh, , WeCan along with UNICEF, supported by Department of Women and Child Development (DWCD), Government of Rajasthan organized the meeting in Jaipur, for development partners working in the state. The meeting was largely participated by members from 20 partner organizations working in different thematic areas on nutrition took part in the meet.

## Objectives

Considering the need for comprehensive multisectoral collaborative actions to achieve the targets of POSHAN Abhiyaan, the meeting was structured to provide a space for nutrition partners, government and policy makers to share existing knowledge and engage in exercises to find the way forward.

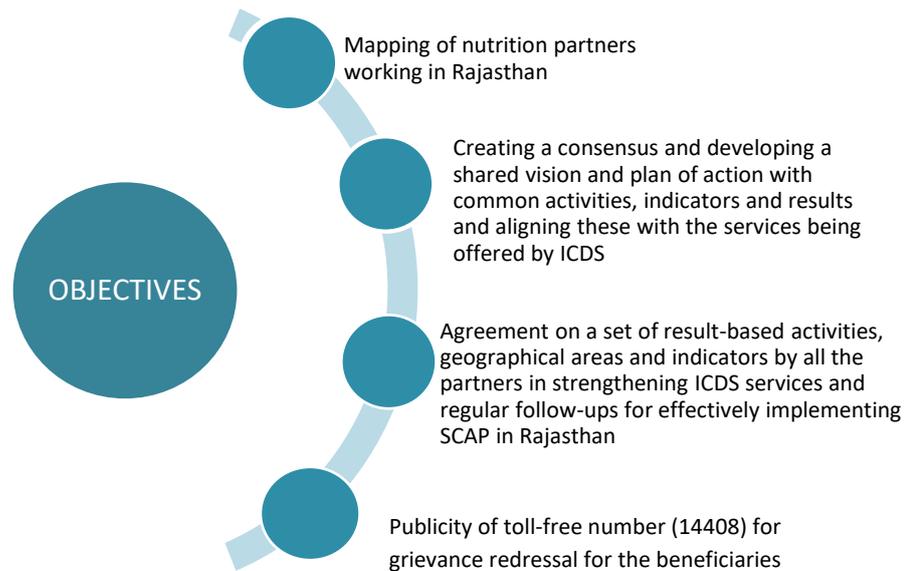


Figure 1: Objectives for the C²IQ Workshop

### Session 1: Welcome Address

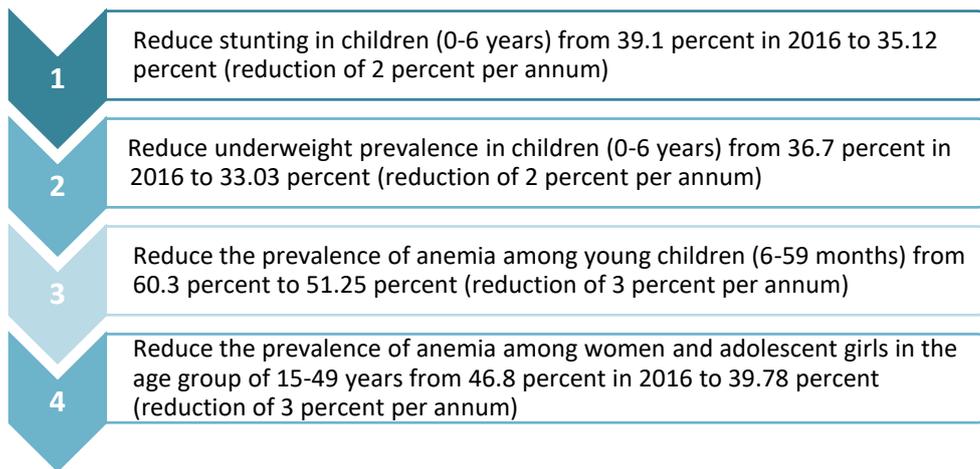
Speaker: Dr Pratibha Singh, Director-ICDS, Rajasthan

During the welcome address, Smt. Pratibha Singh presented an overview of the activities undertaken by ICDS in Rajasthan for early childhood care and improving the nutrition status of pregnant women, lactating mothers and adolescent girls. She also provided a context for the day-long meet and reiterated the need for forging meaningful partnerships among development partners to improve the nutrition indicators in the state.

### Key Discussion Points

After the launch of POSHAN Abhiyaan, the Government of Rajasthan has developed a strategic framework with support from the nutrition partners to improve the nutrition outcomes for target beneficiaries in the state. The framework includes the following:

- The State Convergence Action Plan (SCAP)
  - The State Nutrition Vision 2022
  - State Social & Behaviour Change Communication (SBCC) Strategy
- Supported by UNICEF, the Department of Women and Child Development (DWCD), Rajasthan was one of the first states to develop the State Nutrition Vision and SCAP.
  - SCAP sets out to improve maternal, infant and child nutrition to reduce undernutrition.
  - As per the Rajasthan State Nutrition Vision 2022, the state aims to achieve the following targets aligned to the larger goals of POSHAN Abhiyaan:



- DWCD developed the SBCC strategy in collaboration with IPE Global and key partners. The framework developed jointly by the DWCD and IPE Global seeks to create a supportive environment for improved maternal nutrition and young child (MIYC) feeding practices.
- DWCD being the nodal department for implementation of POSHAN Abhiyaan in Rajasthan, is running several programs with the support of development partners and ICDS to improve the nutrition outcomes for the target beneficiaries. At present, the state has 33 development partners working in 36 districts.
- Rajasthan has 62,000 Anganwadi Centres (AWCs) with about 2 lakh personnel catering to 35 lakh beneficiaries per month. These are:
  - Children between 0-3 years and 3-6 years
  - Those between 3-6 years are given nutritious food and pre-school education (9.9 lakhs)
  - Pregnant women and lactating mothers- About 8 lakhs
  - Adolescent girls- 0.92 lakhs
  - Reduce low birth weight prevalence from 23.2 per cent in 2016 to 20.88 per cent (reduction of 2 per cent per annum)
- The major areas where the partners are active include Maternal and Infant Young Child Nutrition (MIYCN), capacity building, social and behaviour change communication (SBCC), system strengthening for demand generation, community engagement and infrastructure development. A budgetary allocation of INR 25,000 crores has been earmarked by the department for these activities.
- Some of the major interventions have been undertaken by partners such as Vedanta, Power Grid Corporation of India, TATA Trust, UNICEF, WeCan-IPEGlobal and Airport Authority of India Ltd.

### Key Takeaways

- There is a strong need for the development partners to collaborate for implementing evidence-supported, high-impact interventions to cater to different categories of beneficiaries under the DWCD umbrella.

- Under the aegis of C<sup>2</sup>IQ meetings, a cornerstone can be achieved by the partners by creating a strategic plan with the following elements:
  - Prioritized thematic areas in the field of nutrition in different districts of Rajasthan
  - Work to be taken up by the partners in the identified areas
  - Robust monitoring and evaluation (M&E) mechanism to track the progress in each identified area
- Aside from the thematic areas being actively supported by the development partners, any new areas that need attention should also be identified for achieving the set nutrition indicators.
- The partners along with implementing government bodies should identify the gaps in the existing SCAP and other strategies being used to achieve the nutrition indicators

## Session 2: State of Nutrition in Rajasthan

Speaker: Meenakshi Singh, Nutrition Specialist, UNICEF

The session was devoted to providing an in-depth insight into the current state of nutrition in Rajasthan, key geographical and thematic areas that require attention and data-supported inferences on undernutrition in different districts of the state.

### Key Discussion Points

- Three key pillars are essential to the success of The National Nutrition Mission (NNM):
  - **Convergence:** Research has proved that reducing undernutrition requires an environment of shared responsibilities whereby departments such as health, education and Panchayati Raj Institutions (PRIs) need to converge for better outcomes along with efforts by nutrition partners.
  - **Integrated Child Development Services-Common Application Software (ICDS-CAS):** Concerted efforts are required to capture real-time data through ICDS-CAS.
  - **Behaviour Change:** Certain cultural and social behaviour patterns can prove detrimental to improved nutritional outcomes. Hence, behaviour change becomes a significant third pillar for the success of NNM.
- The Government of India has identified five major nutrition indicators as a priority to be improved under the POSHAN Abhiyaan. These are enlisted below:

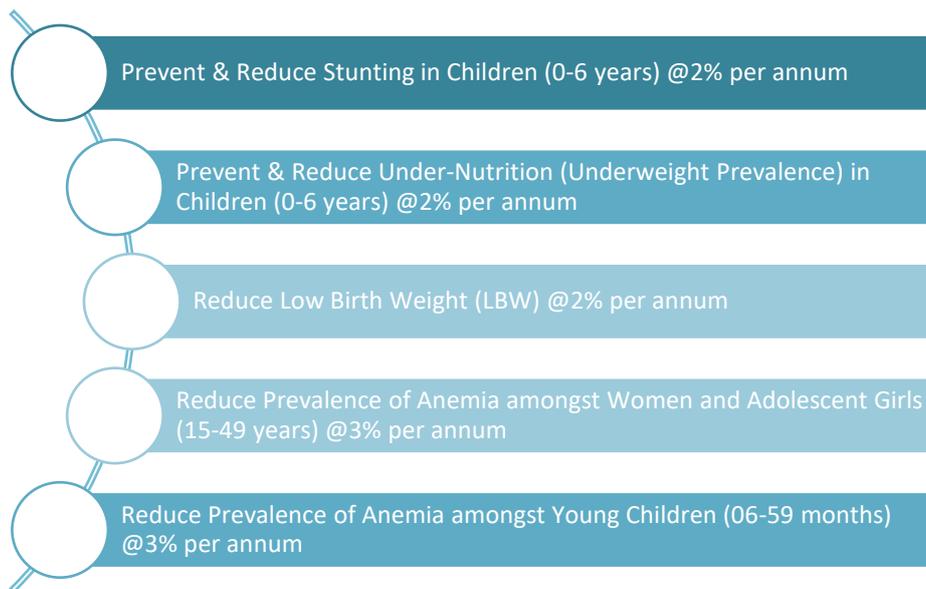


Figure 3: Objectives as envisaged by the POSHAN Abhiyaan

- As per the NFHS 4 report, several Indian states have improved underweight, stunting and wasting by 2 per cent. While some of the indicators for Rajasthan have improved over the years, there is a strong need to improve nutrition indicators at par with the other states. The following areas are a major concern:
  - **Dietary Diversity:** At present only 4 per cent children are getting the required dietary diversity in the state.
  - **Underweight:** 36.7 per cent of children are underweight, affecting their chances for a healthy life.
  - **Wasting:** 23 per cent of children suffer from wasting and 8.6 per cent from severe wasting. Several districts of southern Rajasthan such as Pratapgarh (54.6 per cent), Dungarpur (53.4 per cent), Banswara (50.7 per cent) and Sirohi (50.4 per cent) are some of the worst affected districts. These districts also happen to be tribal regions with geographically difficult areas to reach.
  - **Stunting:** 31.9 per cent children in Rajasthan are stunted, resulting in both physical and mental stunting.
- Apart from prevalence of underweight, stunting and wasting, the state has a huge burden of anemia among under 5 children as well as women between 15-49 years of age.
- The district of Banswara fares worst, with 84.6 per cent of children under 5 and 76.3 per cent of women (15-49) years being anemic.

#### Key Takeaways:

- Partners need to actively implement and scale-up high impact nutrition interventions in collaboration with DWCD and other implementing agencies in the most affected districts during the next 3 years.

- Dietary diversity can be improved by reinforcing traditional food habits depending on the availability of nutrient-rich food in a region.
- Since, it has been observed that the burden of malnourishment is highest among children between 6-18 months, Complementary Feeding (CF) should be strengthened as a preventive action through:
  - Continued home visits
  - Regular counselling on CF, preferably of mothers in group set-ups as research has already proved that it leads to better feeding practices and behavioural change patterns.
- The partners need to pay special attention to gestational weight gain as it has a direct effect on the birth weight of children. Regular counselling of pregnant women and the caregivers around them on nutritional requirement is essential to ensure that the birth weight of child is appropriate.
- Even though Anemia Mukht Bharat (AMB) has been launched in Rajasthan, the partners need to ensure its appropriate implementation. The method for administering IFA syrup to the mother and pregnant women by ASHAs, demonstrations for how the mother should administer it to the children and availability of medicine are some of the factors that would play a crucial role in the success rate of AMB.
- Dissemination of the right information and dialogue through existing platforms such as sectoral meetings on actionable strategies and plans for follow-ups are highly recommended for effective implementation of interventions.
- There is a strong need for partners to work together and make community-based events (CBEs) more structured.

### Session 3: C<sup>2</sup>IQ and WeCan

Speakers: Binu Anand, Team Lead, WeCan, Dr. Sujith and Vanita, UNICEF

During this session, the speakers presented a brief overview of WeCan, the concept behind C<sup>2</sup>IQ and how it can be achieved.

#### Key Discussion Points

- The current state of nutrition indicators in the country and accomplishing the targets of the POSHAN Abhiyaan has heightened the need to build active support for multisectoral collaborations and a dedicated platform for the same.
- WeCan is a national level initiative that fosters such a platform, bringing the partners together for cross-learning, documentation of good practices and its dissemination.
- WeCan analyzes processes involved in nutrition interventions, creates shareable evidence-based products featuring high-impact learnings, showcases it for wider dissemination to development partners, government departments, policymakers and other stakeholders.
- WeCan's strategy involves four components:

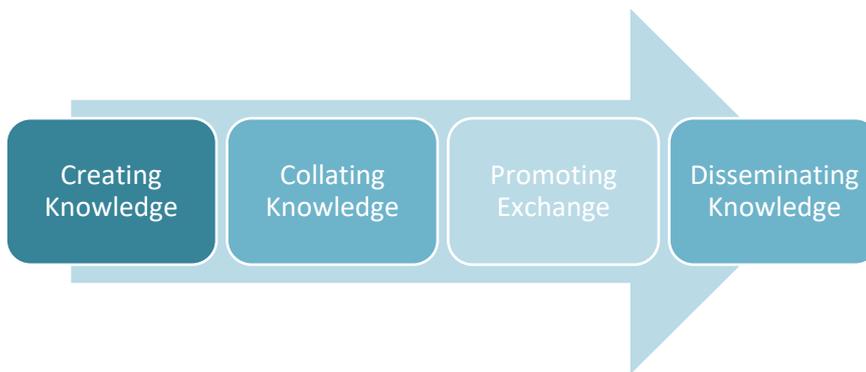


Figure 4: WeCan’s strategy to promote collaboration and cross- learning amongst partners

- WeCan identifies key learnings from existing interventions and creates pathways for sharing it with the partners and other stakeholders such as government and policymakers to increase efficiencies and ensure optimum use of resources.
- C<sup>2</sup>IQ meetings are a part of bolstering these collaborative efforts, benefitting from shared learning experiences and adapting the existing platforms for maximum benefit to the beneficiaries. The spotlight at the meetings is on multisectoral convergence.

#### Key Takeaways

- Undernutrition is not just a result of the unavailability of food security or nutrient-rich food, rather it is a function of several factors such as education, the status of women in society and behavioural patterns.
- According to the Comprehensive National Nutrition Survey (CNNS), 2016-18 reports, Rajasthan has made encouraging progress between 2006 and 2010 in improving the nutrition indicators.
- The data from CNNS needs to be extensively analysed to make informed choices regarding the design, implementation, monitoring and evaluation of the nutrition interventions.
- The development partners need to develop a comprehensive plan to ensure coverage and quality of interventions. Some of the plans and strategies that can be used as guiding principles to achieve it are as follows:
  - The district convergence plan prepared by Rajasthan
  - The result matrix created by UNICEF based on the indicators released by the DWCD

#### Session 4: Inaugural Address

Speaker: Krishna Kant Pathak, Secretary- ICDS, DWCD

The inaugural address delved into the underlying causes of undernutrition, food consumption patterns and the efforts required by the government and nutrition partners to counter the prevalence of undernutrition.

- POSHAN Abhiyaan is a concerted effort to achieve the following:
  - Improve the nutrition indicators through the convergence of different departments and existing platforms

- Improve the quality of life of people by creating a conducive environment for a healthier life
- Create awareness amongst the people about nutrition and its significance for our physical and mental well-being
- The nutrition indicators and prevalence of anemia in Rajasthan can be improved, but it requires innovative approaches, suited to local conditions
- C<sup>2</sup>IQ workshops are highly significant for achieving the desired nutrition outcomes. However, the knowledge accrued through the workshops needs to cascade down to the frontline workers (FLWs)
- In order to ensure this, the partners need to provide supportive supervision and collaborate with each other and government bodies for conducting joint training sessions.
- Observation of the food consumption patterns over the years reveals that traditional nutrient-rich food sources such as leafy vegetables and millets have decreased in the daily diet of the people
- Ensuring availability of food and nutrients in the diet is only one factor in reducing undernutrition. It is felt that there is a strong need to delve further into the underlying causes of undernutrition and its impact on women, children and adolescent girls.

#### Key Takeaways

- The partners should re-assess pre-conceived notions about undernutrition and anemia.
- The nutrition partners and implementing agencies should focus more on finding simple, pragmatic solutions to challenges pertaining to undernutrition.
- Behaviour change communication forms a key component for bringing about the changes in nutrition indicators.
- The use of locally available food and simple solutions should be the focus of interventions. For instance, consumption of nutritious plants such as moringa and promoting cooking in iron vessels in iron-deficient regions are some of the practices that can prove useful in tackling iron deficiency.

#### Session 5: Key Action Points by the Government

Speaker: Dr Manju Yadav, ICDS

This session focussed on areas in which ICDS Rajasthan expects support from the nutrition partners for better planning and implementation of services being offered in various districts.

#### Key Discussion Points

- At present, there are 61405 AWCs in Rajasthan, out of which 42 per cent are in departmental buildings, 30 per cent in schools, 17 per cent in rented spaces, 7 per cent in government buildings and 4 per cent in the community centers.
- ICDS expects support from the development partners to improve infrastructure at the AWCs. It includes provisions for drinking water, toilet and electricity at the centers that do not have these facilities at present.

- In order to generate demand for services of the AWCs and make them aspirational, the AWCs must be aesthetically branded and the quality of their services need to be improved.

## Key Takeaways

Table 1: Areas for which ICDS expects support from the partners

Supplementary Nutritional Programs	Qualitative support for AWCs	Support for Mother and Child Health and Nutrition (MCHN) Day	Support to strengthen Monitoring & Evaluation (M&E)
Support to ensure availability of ingredients for supplementary nutrition programs	Capacity building of the field level workers	Ensuring that MCHN Day is followed as per directions	Support for strengthening traditional and online M&E systems
Support for monitoring and evaluation of the program	Development of IEC materials for AWCs	Monitoring of the event through field visits and designed tools	Support for registering the beneficiaries online
ICDS expects partners to commit to provide one fruit for each child coming to the AWC once in a week	Strengthening the ongoing strategies and interventions	In depth analysis of the data collected at every level	Help in generating reports after data analysis

## Session 6: Group Work: Action Plan by the Partners

Facilitators: Dr Manju Yadav, ICDS, Priyanka Dahiya, WeCan-IPE Global, Vanita Singh, UNICEF

Group work provided the participants a platform to brainstorm on key challenges they were facing in achieving POSHAN Abhiyaan targets, key actions that partners intend to make the mission successful and support expected from the Government. The key areas that emerged during the session are presented below in Table 2 and Table 3:

Table 2: Identified thematic areas by the partners and way forward

Thematic Areas	Action Proposed by the Partners
Maternal Nutrition – ante and post-natal care, weight gain, dietary diversity, supplementary nutrition	<ul style="list-style-type: none"> <li>• Strengthening and onsite support to MCHN/Village Health Nutrition Days and CBEs</li> <li>• Capacity Building at state, district, block and sector level</li> <li>• Tracking weight gain through counselling, home visits (checking Mother and Child Protection cards), validating AWC register record (Register No. 8), strengthening of MCHN days, organizing sensitization workshops</li> <li>• Advocacy in media and exposure visits for journalists and FLWs</li> </ul>
IYCN – Breastfeeding, complementary feeding, dietary diversity, supplementary nutrition	<ul style="list-style-type: none"> <li>• Capacity Building at state, district, block, sector level</li> <li>• Group discussions at AWC</li> <li>• Demonstration on dietary diversity</li> <li>• Organizing and strengthening CBEs</li> </ul>

	<ul style="list-style-type: none"> <li>Organic nutritional camps</li> </ul>
Anemia (for all age groups) – IFA supplementation, Counselling, Fortification	<ul style="list-style-type: none"> <li>WIFS program stock availability and delivery</li> <li>Information and demonstration sessions</li> <li>Adolescent health days</li> <li>Facilitating monitoring of IFA and Albendazole availability at AWCs, counselling/group meetings of pregnant and lactating mothers, adolescents, and home visits, facilitating timely reporting</li> </ul>
System strengthening	<ul style="list-style-type: none"> <li>Refurbishment and branding of AWCs for demand generation</li> <li>Capacity building of FLWs</li> <li>Strategic use of data</li> <li>Capacity building of PRIs</li> <li>Facilitating converged monitoring platform (using data sciences, machine learning and AI)</li> <li>Rebranding of AWCs</li> <li>Regular partner meetings to be conducted for integration and convergence</li> </ul>
Early childhood education (ECE)	<ul style="list-style-type: none"> <li>Kit development and distribution</li> <li>Charts, toys, leaning Instruments</li> </ul>
SAM Management	Identification, anthro, counselling, RutF and referral CMAM at AWC
Safe drinking water and WASH	Toilet renovation and construction, promotion of hand washing practices
Self-Help Groups	Training and Take Home Ration quality
IEC Material	Development and distribution of recipe books, recipe demonstrations and Jan Andolan

Table 3: Key challenges and action points for achieving POSHAN Abhiyaan as proposed by the nutrition partners

Key Challenges	Support expected from the government by the partners
Comprehensive monitoring & evaluation is difficult to achieve	<ul style="list-style-type: none"> <li>Survey- Area identification, Najari Naksa, head count as per census registration of beneficiaries</li> <li>Maternal Health (270 Day)– Monitoring through Registration and Mamta Card, Regular ANC, Weight Gain Monitoring, Food diversity, Institutional delivery and Neo Natal Weight Monitoring</li> <li>IYCF and CF –Institutional delivery and Neo Natal Weight Monitoring, EIBF within one Hour after birth, delivery point functionaries training, Weight Monitoring, EBF, Complimentary Feeding start on 181th Days after Birth, Quality, Quantity (Age appropriate), Density, diversity</li> <li>Growth Monitoring – GMD availability, Capacity building, Monthly weighing, recording in register No. 8, Counselling and referral</li> <li>Ensuring timely reporting and reporting of stock outs under AMR program</li> <li>End to end quarterly reviews by the secretary</li> </ul>
Lack of plans that are customized to the local realities at the block level	
Ensuring IFA supplies become more difficult due to lack of effective M&E mechanisms	
Finding ways for cascading skill development for enabling data assimilation and creating space for data usability	<ul style="list-style-type: none"> <li>Building an effective knowledge management and information dissemination mechanism</li> <li>Orientation of grassroot level workers by ICDS (for ECD and AMR programs)</li> </ul>
The FLWs often lack ownership and motivation required for field level implementation	

Lack of record maintenance at all levels leading to unavailability of reliable data to take info	
There exists a lack of convergence amongst implementing agencies and departments	<ul style="list-style-type: none"> <li>• Formal communication from the WCD department (state level) to the districts</li> <li>• Regular meetings among development partners, government bodies and implementing agencies</li> <li>• Introduction of development partners at district level by WCD</li> </ul>
Unstructured meetings	
Unfulfilled and vacant positions at the block, district and state level	Ensure recruitment of monitoring cadre (e.g. CDPO) and other vacant positions

## Session 7: Concluding Remarks

Speaker: Mukesh Meena, Additional Director, POSHAN Abhiyaan

### Key Actionable Points

- C<sup>2</sup>IQ should be a series of meetings with concerted efforts by partners to meet periodically to share information and report on progress on action plan aligned with State and district convergent plan activities under POSHAN Abhiyaan.
- State level partners to facilitate the activation of District Convergent Action Plans with involvement of district level implementing partners in their respective areas to contribute and report on the progress towards the POSHAN Abhiyaan activities and results.
- Each partner should map the issues pertaining to undernutrition in their districts and come up with suggested recommendations to address the same.
- The partners to coordinate and collaborate with each other on overlapping areas (programmatic and geographic) for accelerated progress and results committed under POSHAN Abhiyaan to minimize duplication of efforts and optimising resources.
- C<sup>2</sup>IQ should be a series of meetings with concerted efforts by partners to meet periodically to
- Partners to provide insights from the field on periodic basis in Joint meeting with the government and areas of support needed.
- All partners to share regular report on standard and uniform reporting format for sharing it with government. Orientation on the standard reporting to take place in February 2020.