

NUTRITION NETWORK MEETING PARTNERSHIPS TO ACHIEVE C²IQ

7th- 8th November 2019 | Lucknow, Uttar Pradesh

PROCEEDING REPORT



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Participating Organizations



Context Setting

Why?

The Prime Minister's Overarching Scheme for Holistic Nutrition or POSHAN Abhiyaan or National Nutrition Mission, is Government of India's flagship multisectoral program to improve nutritional outcomes for children, pregnant women and lactating mothers. POSHAN Abhiyaan was launched by the Prime Minister on the International Women's Day on 8 March 2018.

To achieve ambitious targets of POSHAN Abhiyaan and to fully harness its potential, a stronger focus is needed on delivering high impact nutrition interventions with full Coverage, Continuity, Intensity and Quality (C²IQ). At present, different development partners support government at central, state and district level to deliver these interventions, using different strategies and approaches. It was realized that to increase efficiencies and optimise the potential of development partners to support government to achieve these targets, there is immense need to bring all nutrition partners together. Keeping this in mind, a national level nutrition partners meeting was convened in Delhi on the 11th and 12th of June 2019. The primary aim of the 'Nutrition Network Meeting: Partnerships to Achieve C²IQ', was to strengthen coordination and collaboration between development partners in support of government efforts to roll out a set of key high impact nutrition interventions with C²IQ. The meeting had over 120 participants representing 25 partner organizations from 14 states of India.

As a continuation of the national level meeting, a state level C²IQ meeting was convened in Uttar Pradesh and a joint workplan was developed by the partners. Based on the agreed workplan, a two-day orientation workshop for district and regional level functionaries of partner organizations on Complementary Feeding (CF) was organized in Lucknow. CF being one of the key thematic areas under POSHAN Abhiyaan, NITI Aayog has emphasised on the need for all the partners to converge their efforts for a common understanding on CF to have a greater impact.

Uttar Pradesh was the first state to bring all the nutrition partners together and it was one of its kind workshops aimed towards improving CF in the state.

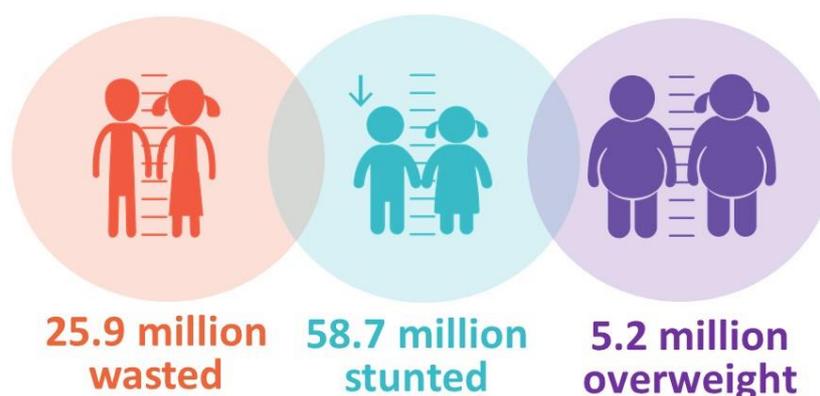
Workshop outcome:

- State, regional and district representatives agreed to meet quarterly to review the actionable points
- Partners agreed upon a set of common approaches for high impact CF interventions
- Partners agreed to work together to improve coordination and collaboration, and to work towards system strengthening to support government

Session 1: Systems Approach to Complementary Feeding

Speaker: Dr. Alok Ranjan, Country Lead, Nutrition, BMGF

Half of the world's wasted children and 40% of the world's stunted children live in South Asia



UNICEF, WHO and WB Joint Malnutrition Estimates, 2019 Edition

The speaker set the context for the 2-day workshop by throwing light on the importance of complementary feeding (CF) and the areas that require focus to strengthen CF. It was emphasised, that there is a need for development partners to streamline and align their efforts, and support government, at all three levels, i.e. national, state and district. Keeping this in consideration, C²IQ workshops are designed and will be scaled up/rolled out across the country in liaison with government.

He emphasized on significance of complementary feeding for children under two years of age and how it affects rapid growth and development and continued breastfeeding beyond six months should be accompanied by consumption of nutritionally adequate, safe and appropriate complementary foods that help meet nutritional requirements when breastmilk is no longer sufficient. In India, 38 per cent of children younger than five years of age are stunted, a manifestation of chronic undernutrition. Stunting and other forms of undernutrition are thought to be responsible for nearly half of all child deaths globally.

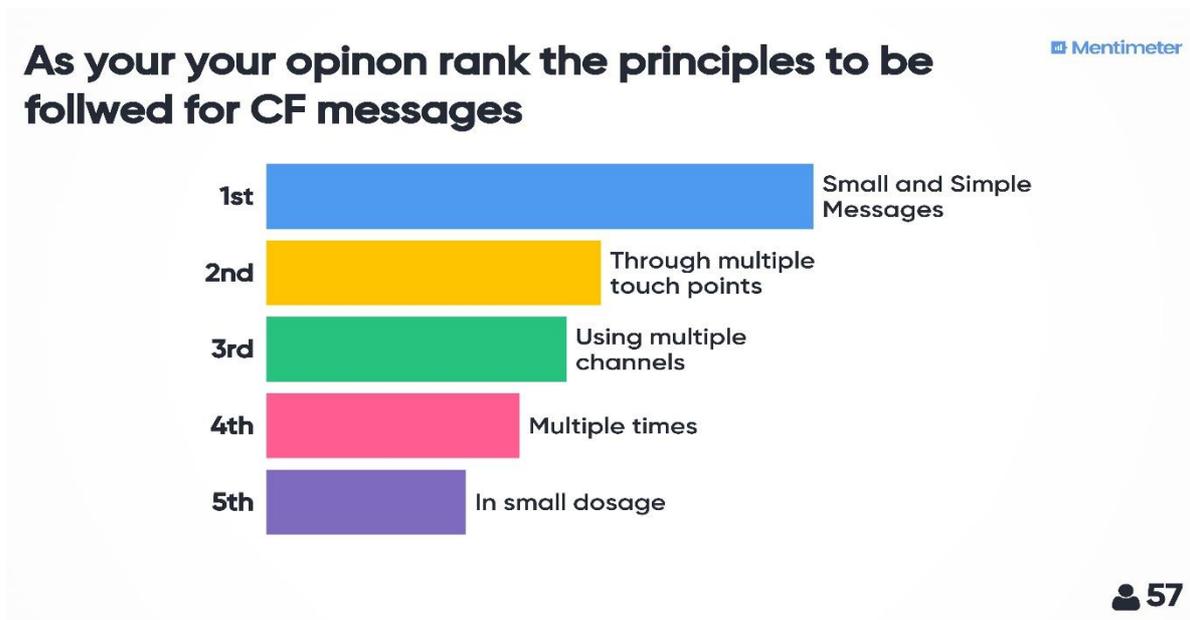
Data evidently suggests that, India's stunting and wasting indicators remain poor in comparison to other South Asian countries. They can be improved through efforts such as nutrition counselling and **social and behaviour change communication**, improved **availability and access to diverse and nutritious** complementary foods, improved **access and use of safe complementary food, and, water and clean household environment**, etc. These strategic actions can be delivered through 4 systems – Food Systems, Health Systems, WASH systems and Social Protection Systems.

The session emphasized on devising state specific solution to the issues and set the tone of the workshop – the importance of collectively working towards the common goal of improving nutrition indicators for India.

- CF Practices are measured using 4 indicators – Introduction of semi solid foods along with continued breast feeding, minimum dietary diversity, minimum meal frequency and minimum acceptable diet.
- The first 1000 days are extremely significant for the optimum growth of a child because focussing on them greatly reduces the chances of stunting.
- 80% of a child’s brain development happens within first 3 years of their life. Hence, CF is important for both physical and cognitive growth.
- Session focused on the repercussions of not introducing CF at the right age of 6 months which results in a huge energy deficit. After 6 months, breastfeeding alone cannot satisfy the protein, energy, vitamin A and iron requirements of an infant.
- Ideal food for CF needs to be age appropriate and so does the meal frequency, consistency and quantity.
- Out of the seven food groups, a minimum of 4 food groups must be fed to a child in a day to ensure diversity in diet.
- It’s also important to see feeding as a period of learning and developing emotional bond with the children. Active and responsive feeding improves dietary intake.

Session 3: Community Engagement for Promoting CF

Speaker: Dr Narottam Pradhan, Project Concern International, Bihar



The speaker presented a successful case study from Bihar on how data was used to improve CF practices through community engagement with specific focus on the SHG engagement for strengthening CF practices.

Key Discussion Points:

- The data from the case study showed that SHGs are a cost effective and efficient way to reach out to the communities. Using Jeevika, Bihar State Government’s platform of SHGs facilitated scalability of PCI’s intervention.

- Even with various stakeholders working on CF, the CF indicators were not showing improvement. NFHS-4 data showed only 7.5% of the children in 6-23 months old age group are receiving minimum acceptable diet.
- Social and Behaviour Change Communication was identified as an effective model to improve CF related indicators.
- Barriers of different sections of the population were understood and interventions were designed to address these hard to move indicators. For example, certain information/knowledge barriers were identified in different segments, like believing that mother's milk is the most nutritious and feeding should start only when infant stops breastfeeding.
- In order to address these behaviours, activities were designed to combat these barriers through Behaviour Change Communications Sessions by SHGs.
- In order to address particular segments of the community, barriers were identified and specific actions and SBCC plan was designed with an aim to bring in behaviour change around CF.
- Some of the specific activities designed were
 - Recognizing and rewarding mechanism for positive deviants and program personnel
 - Follow up visits at home and in SHG meetings
 - Stickers in the kitchen for reminder (Nudge)
 - Video show with community actors
 - Behavior Change Communication session among SHG's.
- The intervention should be designed in a manner that each mother was touched (were visited by SHG's) 16 times through different interventions and exposed to 8 hours of messaging / content.
- The messages are usually standardised and slightly modified based on local contexts. They are small, simple, regular, spread through multiple channels and through multiple touch points.
- These Cluster Randomized Control Trial showed some very encouraging results.
- External evaluations found significant improvements in early learning blocks.

- This intervention saw more than two-fold increase in key CF outcomes at scale in 101 blocks of Bihar, hence demonstrating the importance of community lead behaviour change program for CF.

Key take away from the session

Mentimeter



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Session 4: Improving CF by Capacitating FLWs

Speaker: Dr Manish Kumar P, Uttar Pradesh Technical Support Unit (TSU)

The session by Dr Manish session focused on POSHAN Sakhi providing handholding and mentoring support to Front Line Workers (FLWs) to bring behaviour change in the community with regards to CF. The presentation focused on the fact that, FLWs are a key to any public health program and are the first direct touch point for the beneficiaries. Therefore, it is prudent to build capacity of FLWs on inter-personal communication skills.

This session was complementary to the previous session. Dr Narottam's session was a case study on how data led insights helped in designing community specific interventions and how it had led to a greater impact in bringing a behaviour change among the community.

The presentation focussed on the fact that, FLWs are a key to the success of any public health and **nutrition** programme.

Key Discussion Points:

- The session emphasized on 3 steps to follow for social and behaviour change to improve CF practices:
 - Strengthening the knowledge and counselling skills of FLWs (AWW) on CF
 - Strengthening service delivery platforms
 - Strengthening planning and review mechanisms
- Through various capacity building efforts such as training, mentoring and handholding of FLWs, the quality of interactions between FLWs and community improves. It leads

to improved Maternal Infant and Young Child Nutrition (MIYCN) practices in community.

- Post the intervention timely initiation of CF has improved from 22% to 56% and even though the minimum diet diversity (4+ Score) has not improved much, 3+ diet diversity has improved significantly from 27% to 42%. The changes were observed between 2016 and 2018.

Session 5: Feedback on Draft SOP and Messages for CF

Speaker: Thomas Forissier, Alive and Thrive & Anuja Bhargava, UNICEF

The session focused on improving quality of services during home visits and Community Based Events (CBEs). A toolkit containing key messages, standard operating procedures (SOP) and monitoring tools being developed jointly by A&T and UNICEF for home visits and CBEs at the national level was circulated among the participants. The participants were divided into groups based on age of the target group (mothers of children between 5-6 months and 6-23 months) and purpose (messages for home visits and messages for CBEs). The objective of the session was to invite feedbacks from the participants on CF key messages, SOP for home visits at 5-6 months, 6-23 months, SOP for CBE for food demo and associated monitoring checklists. The participants were instructed to focus on the challenges that a frontline worker could face during field visits while using the toolkit.

Key Observations

- Research done in other countries on complementary feeding shows that quality of services provided during home visits and CBEs is crucial for achieving the desired behaviour change.
- Data collected in the countries such as Bangladesh clearly show that increasing the number of messages and using improved ways of communicating them are crucial to the entire exercise.
- The SOP was developed because it is being strongly felt that at present there is a strong focus on improving coverage, but less emphasis is being placed on the quality of services delivered for CF in India.

Key Suggestions from Participants

- *Suggestions on SOP:* The participants suggested that, the SOP requires additional points of observation and demonstration during home visits to make it more useful for front line workers and beneficiaries. These were:
 - Frontline workers should note the weight of the baby while observing whether the baby looks healthy as per its age.
 - The SOP should also guide the frontline workers on the referral procedures in case a baby looks unhealthy.
 - The SOPs should be accompanied by a detailed FAQ section providing definitions for measurements to be used for meals and health indicators.
 - Provide information about breastfeeding techniques.
- *Suggestions on Activities:* The participants suggested that home visits and CBEs should be used as a platform to give additional information to the beneficiaries. These included:

- The frontline workers should promote CF Day or Annaprashan Diwas during home visits and ways in which meals for complementary feeding can be prepared using Take Home Ration (THR).
- The content for the toolkit should be more pictorial, which will make it easy for the FLWs to comprehend.
- There should be more emphasis on activities using locally available food for preparing meals during CBEs.
- The target group for CBEs should also include local influencers.

Session 6: SBC Aspect of CF

Speaker: Mr. Rajendra Prasad, Sr. Program Manager, A&T, Lucknow

Accordingly to you what is the most important thing for SBCC for CF?

Mentimeter



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The session gave an overview on the significance of systematic social behavior change (SBC) approach to achieve greater impact of any CF intervention. It focused on different components and channels of SBCC to be used in leveraging CF, like interpersonal counseling through home visits, VHND, facility visits, Aanganwadi center, mothers' meetings/ Influencer meeting, community mobilization, Complementary Feeding Campaign, mass media and mid media such as rallies, bulava toli, drum beating and nukkad natak.

Key Observations

- An implementation framework was shared during the session, explaining the- for combined package of interventions for CF.
- Focus was laid on partnerships and alliances in the health system and other sectors for scale and sustainability, advocacy and inter-personal communication, community mobilization and use of mass media to bring in social and behavior change among the community.
- Four key success factors for a nutrition or any public health intervention was explained, the list given as follows:
 - Focus on coverage and quality of:
 - home visits
 - counselling
 - Invest in performance of front-line workers

- Rigorous monitoring and use of data
- Focus on intensity of messages by different channels; scientifically planned behavior change approaches can improve Complementary Feeding
- It was further added that it is also important to make strategic use of data for developing strategies to influence the care-givers and improve health outcomes.
- The session also talked about the four important pillars of SBCC:
 - Advocacy among the key influencers and target audience
 - Social and community mobilization
 - Capacity building of FLWs
 - Media outreach/ social media including Whats App groups at the community level



Session 7: Demonstration of CF Practices

Speaker: Mr Ojha, Outreach Team, BRD Medical College

Mr Ojha and his team lead an interactive session through live demonstrations of complementary feeding. During the session, participants were divided into groups and invited to prepare food for children of three age groups, 6-8 months, 9-12 months and 12-24 months, followed by a discussion on the rationale behind their choices. The session also included a short role play on dealing with situational challenges on feeding the children.

Key Observations

- The frontline workers still face challenges at the grassroots by on day to day basis while implementing complementary feeding interventions.
- There is a need to develop clear cut standard messages to be developed around CF and improve the ways in which these messages are given out to the mothers during the home visits and CBEs.
- Reiterated the significance of complementary feeding practices and importance of maintaining basic hygiene such as washing hands.
- It is important to promote locally available foods for making meals nutrient rich.

Session 8: Monitoring and Strengthening CF Days

Speakers: Sarabjit Patnaik and Ravi Kant Upadhyay

During this session, Sarabjit Patnaik and Ravi Kant Upadhyay presented findings based on the observations made during the *Annaprashan Diwas* or CF Day conducted on 19th of July 2019 in Bihar. The study covered 301 blocks in 37 districts of the state. CF day is conducted every month at the Anganwadi Centres (AWC) in the target areas, whereby, the Anganwadi Workers (AWW) demonstrate correct feeding practices to mothers of infants between 4-59 months. Each such session lasts for about one and a half hours. The objective of the study was to assess the coverage of events held on the CF Day and the quality of services provided to the beneficiaries during the event.

Key Observations

- CF Day is critical to ensure that infants who have completed 6 months start receiving complementary food, in addition to breast milk to fulfil the nutritional requirements at this age.
- Based on the participation of eligible children, the coverage of CF Day improved from 35 per cent in June 2018 to 70 per cent in March 2019.
- However, in July 2019, the coverage came down from 70 per cent to 61 per cent due to floods in several parts of Bihar.
- CF Days make provisions for distribution of bowls to the beneficiaries to feed their children. It was observed that the bowls were distributed in 45 per cent of the AWCs on this day.
- AWWs explained the correct process of washing hands and why it is important to maintain hygiene in about one-third of AWCs.
- AWWs counselled the beneficiaries on diet diversity in only 46 per cent of the CF Day events. The counselling emphasized on giving two food groups to the children, cereals and pulses in most of the cases.
- The advice given to beneficiaries by AWWs on complementary feeding focused on four aspects- the initiation of complementary feeding continued breastfeeding, meal frequency in a day and the appropriate quantity of food to be given to the children. The AWWs also counselled the beneficiaries on healthy feeding practices.
- It was observed that the complementary feeding practices were better for the children between 6-11 months whose mothers had attended the CF Day event during the past three months. CF Day has emerged as a strong behaviour change intervention, where mothers are constantly reminded about ways in which they can fulfil the nutritional requirement of their children.

Key Action Points

- CF Day needs a more focussed approach to ensure maximum coverage of beneficiaries.
- The quality of interpersonal communication with mothers needs to be further improved to ensure that they are being counselled on the right topics using appropriate methods.

- The messages should focus more on dietary diversity and go beyond the two food groups being emphasized on at present.
- The number of supportive supervision visits by ICDS should be increased in order to improve the quality of CF days.
- The review mechanisms at district, block and village levels should be institutionalised for better impact of the intervention.

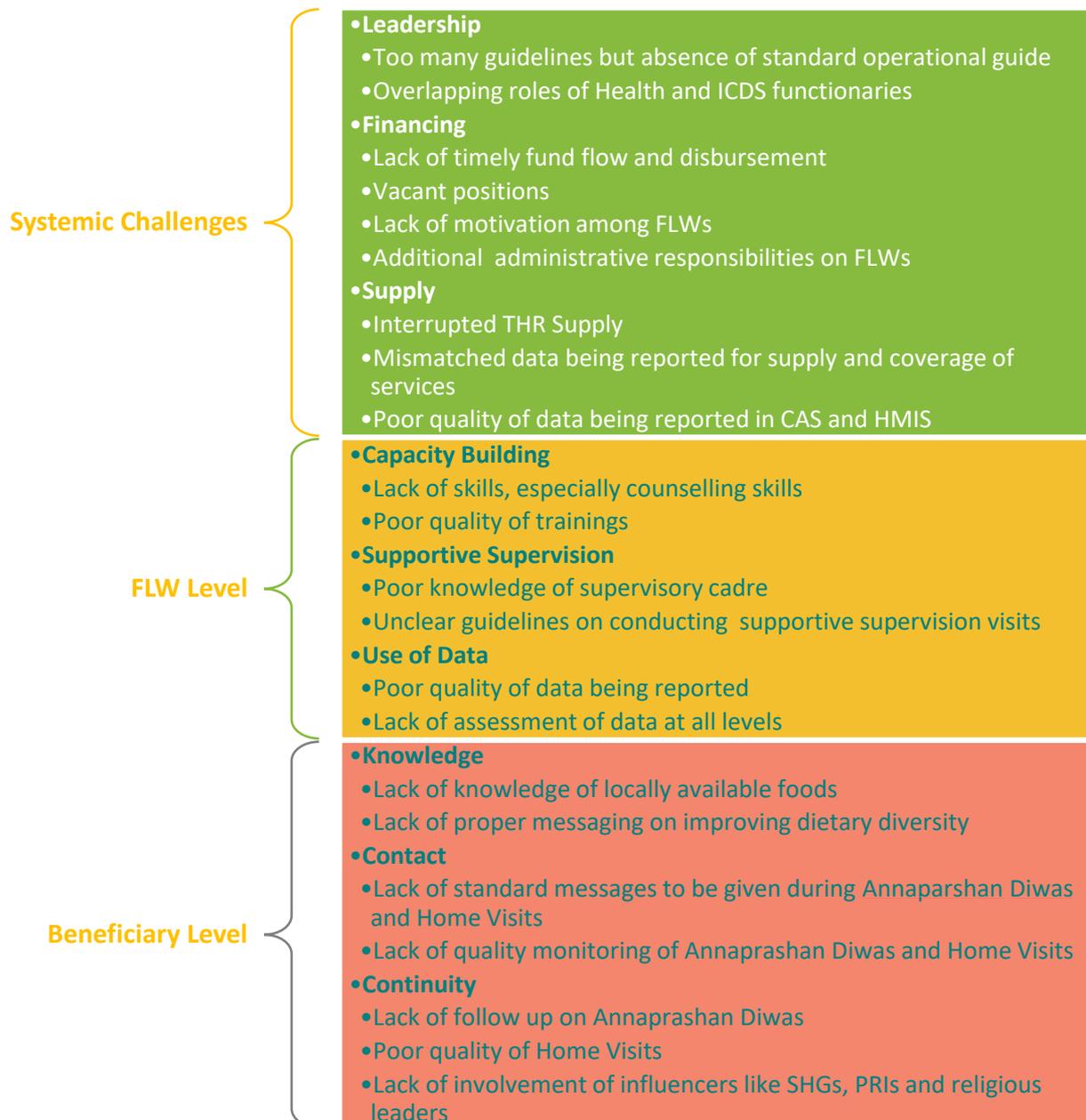
Session 9: Eliciting Organizational Commitments on CF in UP

Speakers: Thomas Forrissier, Alive and Thrive

Supported by Shalini Singh, World Bank

The key objective of the session was to facilitate a deliberation among district and regional representatives of all development partners to identify key bottlenecks in their respective geographies for strengthening complementary feeding. Following this deliberation, the groups were made to do group work to elaborate on the challenges and the suggested action points.

The groups identified challenges for their respective divisions which are enlisted in the figure below:



The groups further deliberated and developed presentation identifying key solutions for the identified challenges and identified key actions to be taken as a development partners' collective to strengthen complementary feeding practices in the state. The key opportunities identified by group members of all geographies were similar and can be classified as follows:

System Strengthening

- Strengthening DNC and BNC
 - Advocacy for review of process indicators in the DNC and BNC
 - Standard presentation to be collectively done by development partners highlighting implementation gaps with suggestive solutions
 - Common monthly/ quarterly report to be submitted to DM and concerned department officials by development partners
- Advocating to include CF as an agenda point for sector level meetings
- Advocating for disbursement of funds in a timely manner (only mentioned by Agra and Aligarh division group)
- Advocacy for provision of Growth Monitoring Devices at all AWCs

Capacity Building of ICDS and Health Functionaries

- All DP representatives to use common checklist for monitoring of ILA trainings, SSM, VHSND, Annaprshan Diwas
- Support CDPO and Supervisor for conducting supportive supervision visits
- Ensuring supportive supervision on Annaprshan Diwas by DPO, CDPO, MS and development partners
- Handholding support on documentation (Focused on Register no.8 and CAS)

Strengthening SBCC for CF

- Having SoP for Home visits and Annaprshan Diwas
- Emphasising on the use of job aids and tools during counselling sessions by FLWs
- Focus on strengthening follow-ups of Annaprshan Diwas

As next steps, the state officials of all development partners would require prioritizing activities as suggested by the divisional and district level staff and identify lead and supporting partners for the same. After the exercise workplans can be developed for each of the division and can be collectively reviewed by partners on a quarterly basis.

Session 10: Nutrition Partners' Landscaping

Speaker: Binu Anand and Priyanka Bajaj, WeCan, IPE

The speaker presented an overview of an upcoming national nutrition platform. Emphasis was laid on the rationale to build the platform and approach to develop and strengthen it. It

was explained that even though POSHAN Abhiyaan has brought nutrition to the center stage and partners are working actively on nutrition interventions, collaborations among the stakeholders is still at a nascent stage in the country. The platform aims to bring all the nutrition partners on one platform and collaborate for better nutrition outcomes in India.

Key Observations

- There is a strong need to showcase success stories in the area of nutrition and document evidence to enable informed decision making.
- WeCan is a national level nutrition platform that aggregates and disseminates knowledge and is functioning with the objective of bringing synergy among stakeholders working for Poshan Abhiyaan.
- WeCan's strategy involves four components- creating knowledge, collating knowledge, promoting exchange of knowledge through collaborations with and among partners working in the field of nutrition and disseminating knowledge.
- The platform shares knowledge by documenting the best practices from the field and developing practice insights on key nutrition interventions, providing technical and resource support for workshops and providing a common forum for exchange of ideas and knowledge.
- The platform will have features such as e-learning courses, webinars, discussion forums, knowledge repository, platform showcase and updates on recent happenings in the field of nutrition.

Session 11: Anemia Mukht Bharat (AMB) Orientation

Speaker- Anuja Bhargava, UNICEF

The speaker provided an overview of the Anemia Mukht Bharat (AMB) campaign and its implementation, particularly at the state level. She kicked off the session with a note on the current prevalence of anemia in Uttar Pradesh and the existing challenges. She also took the participants through the strategy envisaged to counter anemia, roles and responsibilities of the various departments involved in the campaign and the communication strategy formulated to support the implementation of the AMB campaign.

Key Observations

- The mandate of AMB is to support the goals of POSHAN Abhiyaan by reducing the prevalence of anemia by 3 per cent point annually. At present, every second woman and child in Uttar Pradesh suffers from anemia. In order to achieve this, AMB follows 6X6X6 implementation strategy with 6 interventions, 6 beneficiary groups, and 6 institutional mechanisms at play.
- Uttar Pradesh is implementing 4 of the 6 interventions envisaged by AMB. One of the interventions, that is, the use of digital hemoglobinometer (HB) is currently being followed by the ANMs in those districts that are the divisional headquarters. The use of HB meters will be introduced in other districts gradually.
- The 6 institutional mechanisms at play focus on creating strategic support for states to implement AMB, foster inter-departmental cooperation, create convergence with frontline departments such as PRIs, basic education groups and ICDS among others and strengthen the existing logistics. Inter-departmental cooperation becomes especially significant when we consider the beneficiaries between 6-19 years. Success

with this target group depends heavily on cooperation between the health department and education groups.

- The state implementation strategy includes four steps-fixing annual denominators, defining the roles and responsibilities of various departments, recording and reporting and, monitoring and review of the program.
- Recording and reporting, as well as review and monitoring of IFA administration, leaves much to be desired at present.
- Fixing denominators annually for each age group based on the service delivery and monitoring is a significant improvement in AMB over the previous programs launched to counter anemia. Annual targets for all age groups for 2019 – 20 are available at the AMB dashboard.
- It was informed that the Health Department is the nodal department for implementation of AMB . It is the Health Department's responsibility to coordinate with PRIs, basic education institutions, secondary education institutions and Integrated Child Development Services (ICDS) for rolling out AMB.
- The session also presented an overview of the roles of various departments in the campaign for each target group. For instance, ANMs and ASHA workers will provide and demonstrate the administration of IFA to the parents of children between 6-59 months. The parents will then administer the IFA bi-weekly to their children at home.
- Six departments will collaborate to implement the communication strategy for AMB- Department of Panchayati Raj, Department of Rural Development, Department of Health, Department of Education, Department of Women and Child Development and Youth Networks such as NSS, NCC, Scouts and Guides. The strategy will follow a 360-degree approach, targeting audience at all four levels, the state, the district, the school and the community.

Key Action Points

- Partners to support the Health Department to take charge of the procurement and distribution of supplies to be administered and organize training sessions for frontline health workers. Technical support to be given to develop a system to track the progress of the program by continuous monitoring at all levels.
- The Rashtriya Kishor Swasthya Karyakram (RKSK) should use the right platforms and messages to ensure the participation of adolescents. RKSK should also become active in educating adolescents about nutritional requirements and its impact on their health.
- Focus needs to be laid on ensuring that the education department appoints and orients a nodal teacher at each school. It should also collaborate with other departments and support programs to educate the beneficiaries on health and nutrition, with special emphasis on anemia and its prevention. Schools should ensure supervised intake of IFA tablets.
- The partners should take cognizance of the AMB guidelines and implement the program accordingly.
- Partners should focus on generating awareness about the AMB services in the community in order to improve the involvement of the community in its implementation.
- Ensure that all the stakeholders including the frontline workers understand the communication strategy to be used for the program.

Next Steps:

- As next steps, the state officials of all development partners would require prioritizing activities as suggested by the divisional and district level staff and identify lead and supporting partners for the same.
- After the exercise, workplans can be developed for each of the division and can be collectively reviewed by partners on a quarterly basis.
- The development partners should focus on developing a standard checklist for supportive supervision during Annaprashan Diwas and home visits by FLWs.
- There is also a need to develop a template for sharing collective monitoring findings from partners for doing advocacy for resolving issues around CF. The findings to be shared during DNC and BNC.
- It is prudent to map all partners, their geography, thematic areas of work and functional expertise for ensuring transparency and fostering a collaborative environment in the state. In order to complete the mapping, Development Partners to fill the WeCan nutrition platform in put form.