DELIBERATIONS ON IMPROVING QUALITY OF NUTRITION SERVICES & ENSURING LAST MILE CONVERGENCE

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Background
There is a growing recognition amongst development partners on the significance of improving quality of nutrition services and ensuring last mile convergence. Both the factors are essential to cater to the beneficiaries effectively and provide impetus to POSHAN Abhiyan.

Quality of nutrition services and last mile convergence requires structural readiness, policy support and benchmarked processes. All stakeholders involved are devising innovative methods to integrate these elements to improve nutrition outcomes. On occasion of POSHAN Maah, WeCan in collaboration with the Coalition for Food & Nutrition Security (CFNS) organized an inter-state panel discussion, for deliberations of experiences from Gujarat, Madhya Pradesh and Jharkhand.

The panellists included Smt. Manisha Chandra, IAS, Commissioner & Secretary, WCD, Government of Gujarat, Dr. Dinesh Kumar Saxena, IFS, Director General – Jharkhand State Nutrition Mission, WCD, Government of Jharkhand and Smt. Swati Meena Nayak, IAS, Director - WCD, Government of Madhya Pradesh. The discussions were moderated by Dr. Satish Agnihotri ([IIS (Retd.]), CTARA, IIT Bombay). Binu Anand, National Team Lead, WeCan and Dr Sujeeet Ranjan, Executive Director, CFNS also took part in the deliberations. The participants included development partners, researchers and development professionals, who enriched the discussions through interactions with the panellists.

Summary of deliberations

Introduction
Binu Anand welcomed the participants and introduced the panellists to the gathering, while Prof Satish Agnihotri, opened the panel with a focus on how NFHS-4 data has ushered in a new paradigm by providing the stakeholders in nutrition domain with large-scale district level good quality data. He also added that the survey pointed towards criticality of preventive measures in reducing undernutrition and not just the curative measures.

Experiences from Gujarat

Panellist: Smt. Manisha Chandra
Manisha Chandra discussed initiatives taken by the Department of women & Child Development (DWCD), Gujarat to strengthen Integrated Child Development Services (ICDS) services. She also gave a bird’s eye view of measures adapted by the state during COVID to minimize the disruption of nutrition service delivery. She focused on four aspects:

1. Use of technology
   The state machinery has developed PuShTI, a supply chain management system supported by technology to ensure last mile delivery of supplementary nutrition programmes (SNPs). PuShTI enables live tracking of Take Home Ration (THR) distribution Anganwadi Center (AWC) wise and has improved the acceptance and consumption of THR among beneficiaries in various districts. The dashboard does not just track the THR, but also other food supplies distributed to AWCs.

   The government has also made extensive use of technology during COVID through its Umbre Anganwadi (Anganwadi at my doorstep) programme by leveraging mass media and social media, making the Anganwadi services available to the children within safety of their homes.
2. Reaching the beneficiaries
During the discussions, Manisha Chandra also shared various initiatives being undertaken by the government to ensure last mile delivery by using Community Based Events (CBEs), active involvement of Anaganwadi Workers (AWWs) and Palak Vali scheme for sever acute malnutrition (SAM) management as well as technological support.

3. Human Resource Management (HRM) & capacity building
The government has launched e-HRMS for management of human resources for ICDS services under which online recruitment of personnel has been piloted in one district successfully. It has led to transparent and speedy recruitment and timely grievance redressals. In another initiative, the remuneration for frontline workers have been decentralised through integrated digital systems. DWCD has also taken several initiatives for capacity building of public health personnel and frontline workers in collaboration with UNICEF, IIPHG, NI and WeCan using digital platforms and created provisions for incentivising frontline health workers (FLWs). A critical exercise undertaken by the department included integrating co-terminus jurisdiction of frontline workers in various districts for streamlining activities.

4. Ensuring Quality
The quality of services is being monitored in Gujarat through State Management Center (SMC) with follow up with public health personnel as well as beneficiaries and regular monitoring of services.

**Key Takeaways**

- Technology can be used effectively to streamline supply chain management of SNPs and management of human resources for nutrition and public health services.
- Capacity building of public health personnel and incentivising frontline workers to perform better are crucial for effective implementation of nutrition programmes.
- Regular monitoring of quality of services and follow-ups with personnel across all levels of public health facilities and beneficiaries is essential to ensure last mile convergence.

**Experiences from Jharkhand**

**Panellist: Dr Dinesh Kumar Saxena**
Drawing from his rich experience of working in Jharkhand, Dr Saxena focussed on three emerging models for last mile convergence that have already shown immense potential in Jharkhand.

1. **Service convergence model**
   Last year the state engaged self-help groups (SHGs) with coordination from State Rural Livelihood Mission to carry out delivery of THR. This has decentralised the THR services at the ground level, wherein THR components are decided by the state and are procured and packed by SHGs and then given to AWWs for distribution to the beneficiaries. Instead of AWWs carrying out the whole process, this delineated division of services has streamlined the process. It has also helped in creating convergence between Rural Development Department and DWCD in the state.

2. **Institutional model**
   Under this, the Panchayati Raj Institutions (PRIs) are being engaged for last mile convergence.
Leadership skills are being developed amongst PRI members to take up the issue of nutrition at Panchayat level. This involves their training and capacity building to be able to monitor delivery of services till last mile.

3. Convergence through Demand Generation Model
Jharkhand has implemented Tejaswini Project for socio-economic empowerment of adolescent girls and young women between the ages of 15-24 years in the state. Over 12,000 youth clubs have been formed and life skills trainings are being imparted under the project. They adolescents and young women have been provided with seed grants taking up socio-economic activities. They created convergence at their own level between different departments – Health, Rural Department and DWCD, demanding different services, including nutrition. This model is now being engaged in creation of nutri-gardens across Jharkhand and demand generation amongst adolescent women for Hb testing.

Key Takeaways

Empowering beneficiaries to generate demand for services is a long-term investment to strengthen socio-economic foundations of the state.

Building the capacity of PRI members decentralizes services and leads to effective convergence at village level. It also helps in improving quality of services.

Leveraging SHGs and empowering women and adolescent girls can lead to multiple benefits including improved demand for nutrition services.

Experiences from Madhya Pradesh

Panellist: Smt. Swati Meena Nayak
Swati Nayak brought in her experiences from Madhya Pradesh where a Management Strategy Plan has just been launched. The plan has been adopted at all levels - state, district, block and village. The Plan speaks about nutrition sensitive and nutrition specific measures, along with an accountable nutrition governance that the state intends to establish.

She also reiterated the fact that nutrition needs to be addressed from different standpoints. We require sustainable food systems at the local level and our health systems need to be aligned with the same. A strong community driven system needs to be established wherein preventive measures are taken up by involving the community members. MP is currently in process of creating a policy framework to this effect.

Another major component that needs to be looked at is the strengthening of nutrition governance. Nutrition needs to be taken up as a development agenda at all political levels, ensuring accountability for it. By involving PRI members and building their capacity they take ownership of nutrition programmes and become more accountable.

Key Takeaways

State level Family Health Survey will be very beneficial in coming up with state specific policies and help in developing targeted solutions for public health and nutrition services.

Nutrition Governance is crucial to create accountability for delivery of services and the existing matrices of POSHAN Abhiyaan can be used to create outcome-based indicators.

Strong community system will increase awareness and demand generation. Initiatives like Anganwadi Radio help to customise campaigns according to local context.
Quick Bytes from Discussions

“The vote of thanks was delivered by Dr Sujeet Ranjan. He thanked the panellists and participants for the enriching discussions and noted that better nutrition was essential for building a sound future and all the stakeholders need to join hands for achieving it.

“Prevention is imperative even if not glamorous. Concurrent evaluation needs to be practiced for evolving corrective measures and quality component need to be strengthened across ICDS services.”

“The real value addition will come when states can learn from each other’s experiences. Combined efforts of the Center and states will surely help in achieving the goals of various nutrition programmes.”

“Building accountability across all levels is essential for ensuring better quality of nutrition services. Sharing of experiences from various states will go a long way in supporting strengthening of services.”