

# “LESSONS” from DEVELOPING the STATE ACTION PLAN ON MICRONUTRIENT SUPPLEMENTATION in JHARKHAND

## PRACTICE INSIGHT

System Strengthening for  
Micronutrient Supplementation

### PURPOSE OF THE DOCUMENT

The focus of this series is to document the process of development of the “State Action Plan on Micronutrient Supplementation” led by the Government of Jharkhand and facilitated by the Development Partners. The document captures critical activities and decision points that made the ownership of the plan possible by key stakeholders. The insights from this series could be used by Governments and Development Partners to replicate these learnings in their own geographies.

### WeCan in Jharkhand

We Collaborate for Nutrition (WeCan) in Jharkhand is an extension of the Vriddhi Project in the State. WeCan was set up in the state with the following objectives:

- ▶ Support the Health Department on missed opportunities in nutrition.
- ▶ Aggregate and disseminate stories of change and practice insights from all the nutrition partners working in the state of Jharkhand.
- ▶ Enable collaboration of the nutrition partners in the State under the umbrella of POSHAN Abhiyaan.



### State Profile

Jharkhand is an eastern state in India, carved out of Bihar in 2000. Though the state is mineral-rich, 40% of the rural population lives below the poverty line. According to the Socio-Economic Caste Census (2011), 68% of the households in Jharkhand fall under the deprived category. The state has seen a significant improvement in Infant Mortality Rate (IMR) and Under 5 Mortality Rate (U5MR) between 2006 and 2016, wherein IMR has reduced from 69% to 44% and U5MR has reduced from 93% to 54%. However, there has been little improvement in the nutrition indicators during this period. Stunting for children under 5 is still as high as 45.3%. Most worrying is the status of anemia wherein 65.2% of women of reproductive age and 70% of children between the ages of 6-59 months are anaemic. Only 59% of women in the state are literate compared to 80% of the men. Child marriage is a huge burden, where 38% of women are married before the age of 18 years.<sup>1</sup>

1. As per NFHS 4 Data.

### Micronutrient Supplementation in Jharkhand

The 1000 days, from the conception of the child to the 2nd birthday, is a window of opportunity, as growth is at its peak and any nutritional deficiency at this stage can have a devastating impact. Ensuring the

nutritional needs of pregnant and lactating women, infants and young children would result in avoiding child and maternal mortality and enable children to obtain their growth and cognitive developmental potential.<sup>2</sup>

2. The Biology of the First 1000 Days, CRC Press Taylor & Francis Group.

The intake of macro and micro nutrients from the daily diets is not enough for pregnant and lactating mothers and young children. It therefore becomes critical to provide micronutrient supplementation, as the insufficiency could result in disastrous consequences. Some of the potential impacts of poor micronutrient supplementation are:

- › Maternal iron and folic acid deficiency are associated with neural tube defects, premature delivery, hemorrhage, and the birth of weak under-weight babies (less than 2500 gm).
- › Iron deficiency anemia can result in impaired physical growth; poor cognitive development; reduced physical fitness and work performance; and lower concentration on daily tasks.
- › Calcium deficiency increases the likelihood of pre-eclampsia, pre-term birth, weak bone development of neonates, and neonatal mortality.
- › Lack of Vitamin A leads to impaired physical growth, visual and reproductive functions, causing blindness, and higher odds of diarrhoea and measles among children.

The limited data on coverage<sup>3</sup> of micronutrients in Jharkhand, shows that there is scope for much improvement. Data reveals that only:

- › 6.3% of children under 5 were provided with paediatric IFA syrup.
- › 35% of pregnant women were provided with 360 Calcium tablets during their pregnancy.
- › 30% of lactating women were provided with 180 IFA tablets during their pregnancy.

Despite the various interventions and government programmes, the coverage of micronutrients has been low in the state. To improve the micronutrient supplementation, National Health Mission (NHM), Jharkhand wanted to adopt a result-oriented approach to ensure the last mile distribution

of micronutrients to beneficiaries, given their importance for nutrition and health outcomes.

## GOVERNMENT OF JHARKHAND'S INITIATIVE

The Government of Jharkhand through the national flagship programmes like National Health Mission (NHM), Integrated Child Development Service (ICDS), National Nutrition Mission (POSHAN Abhiyaan) and Swachh Bharat Mission (SBM) is committed to improve the health and nutrition status of women, children, and adolescents. The NHM has the mandate of high coverage and quality of health and nutrition services under RMNCH+A programme, which includes micronutrient supplements.

Under the NHM mandate, Jharkhand has taken an initiative to develop a “State Action Plan for Micronutrient Supplementation” which focuses on systematic planning, monitoring, review and training, to ensure that there is supply and distribution of key micronutrients to adolescents, mothers and children.

The Jharkhand State Action Plan adopts a lifecycle approach and includes Iron & Folic Acid, Albendazole, Calcium and Vitamin ‘A’ micronutrients that play a preventive role.

The plan so developed will be used by State, District and Block level managers of the Health, ICDS and Education Departments and additionally, by development partners who provide technical and other support to the Government of Jharkhand.

The purpose of the plan is to strengthen the supply and distribution system by addressing the existing challenges which will lead to an increase in the coverage of these micronutrients and thereby impact the nutrition indicators in the state.

### Iron & Folic Acid

Pregnant and lactating mothers, children U5, children 5-9 years and adolescents

### Albendazole

De-worming tablet – Pregnant women, children under 9 years and adolescents

### Calcium

Pregnant and lactating mothers

### Vitamin ‘A’

Children below the age of 5 years

3. As per Health Information Management System (HMIS) Data.

# STEPS OF EVOLVING THE STATE ACTION PLAN FOR MICRONUTRIENT SUPPLEMENTATION, JHARKHAND – A Flowchart of Events



## EVOLUTION OF AN IDEA

1. Vriddhi, a USAID funded programme is in place in Jharkhand to support the NHM in strengthening the RMNCH+A interventions. This project is being implemented by IPE Global.
2. The Vriddhi project is focused on a care-around-birth approach, to improve the quality of care at and around birth.
3. It was realised that nutrition interventions under the RMNCH+A was a missed opportunity and discussions between USAID, BMGF and IPE Global resulted in the establishment of a Technical Support Unit (TSU) as an extension of Vriddhi. The TSU was established to support NHM Jharkhand in strengthening nutrition interventions under the RMNCH+A. The Mission Director Health, DIC- Health Services and Director-Maternal Health, Child Health and Adolescent Health were consulted on how the RMNCH+A matrix could focus on nutrition.
4. The NHM Jharkhand was very keen to bring the focus on micronutrient supplementation to ensure distribution of micronutrients to the last mile. However, at the same time, they were clear that there are many operational plans and guidelines in the Health Department. They emphasised on developing a plan that is “result- and action-oriented.”
5. UNICEF was consulted by the State, and it was agreed that a micronutrient supplementation action plan should be developed where outputs can be measured.
6. It was agreed with the NHM that to begin with, the TSU will focus on supply and distribution of micronutrients.



## DESK RESEARCH

1. The team reviewed the available reports and guidelines on micronutrient supplementation:
  - JSI Framework for Integrated Supply Chain Management in Public Health.
  - Vitamin ‘A’ – Government of India circular and policy note.
  - WHO guidelines and state government guidelines for bi-annual rounds of Vitamin ‘A’.
  - UNICEF SBCC strategy to understand the perception around micronutrients:
    - ◆ Identifying bottlenecks in the iron and folic acid supply chain in Bihar, India– a mixed methods study.
    - ◆ 5 national operational guidelines related to micronutrients: Intensified National Iron Plus Initiative (INIP); National Guideline for Calcium Supplementation during Pregnancy and Lactation; Operational Guideline Jharkhand *Matri-Shishu Swastha Evam Poshan Maah*; National Guideline for Deworming in Pregnancy; and Weekly Iron Folic Acid Supplementation operational framework, were referred to as standard of practices related to micronutrient supplementation.
2. Data was analysed from NFHS, RSOC and HMIS to develop an understanding of the coverage and status of micronutrients.
3. A desk review revealed that while a lot has been done on technical aspects of micronutrients, there is a lack of documentation on the operations and supply side of micronutrients.



## CLIENT RESEARCH

1. An understanding from the government and the field was important to start visualising the challenges of supply and distribution.
2. One of the challenges that surfaced through consultations with the Maternal and Child Health Cell was that, there is a lack of coordination between the Procurement Cell and the Department that does the projections for the drugs.
3. Reporting, Monitoring and Supervision were identified as key areas of systemic strengthening to improve supply and distribution.
4. Field visits to one of the districts in Jharkhand revealed challenges with the distribution at Health Sub-Centres and Village Health Sanitation and Nutrition Day (VHSND).



## IDENTIFICATION OF THE PROBLEM

1. For the state action plan to be focused and result-oriented, it was crucial to understand the specifics of the problems. Additionally, key reasons were to be understood for identified bottlenecks, so that they could be addressed through the action plan.
2. A rapid assessment based on a qualitative methodology was conducted in Hazaribagh and Lohardaga to understand the bottlenecks at key delivery points of the supply chain.



## KEY STAKEHOLDER CONSENSUS

1. Based on various research findings and programmatic challenges, discussions were undertaken with the MD NHM, Maternal and Child Health Departments, to get a consensus on the nature of the State Action Plan.
2. The DIC Health suggested to consult with RIMS as they support the government with supportive supervision under RMNCH+A.
3. A one-on-one discussion was conducted with key development partners in the State: UNICEF, Jhpiego, XISS, RIMS, PHRN, EKJUT, Save the Children, World Vision, and an agreement was reached that a State Action Plan will be developed jointly.



## FORMALISATION OF THE CONSENSUS

1. A ToR was drafted, based on the consensus, post review and feedback, it was approved by the Mission Director, NHM.
2. There was a Working Group created for developing and finalising the SAP. The Working Group was approved by Principal Secretary Health, Medical Education and Family Welfare, Government of Jharkhand (GoJ), and has the following members:
  - a. Director Health Services–Maternal Health – Chairman
  - b. Director Child Health Services – Member
  - c. Deputy Director Adolescent Health – Member
  - d. HoD, PSM Dept, Rajendra Institute of Medical Science, GoJ – Member
  - e. HoD, PSM Dept, Mahatma Gandhi Medical College, GoJ, Jamshedpur – Member
  - f. State Program Manager, NHM, GoJ – Member
  - g. State Programme Coordinator, NHM, GoJ – Member
  - h. State Program Manager, NHM, GoJ – Member
  - i. State Programme Coordinator, NHM, GoJ – Member
  - j. Representative, Procurement Cell, NHM, GoJ – Member
  - k. Consultants-Maternal Health, Child Health and Adolescent Health, NHM, GoJ – Member
  - l. Representative, Poshan Mission, WCD, GoJ – Member
  - m. Representative, UNICEF – Member
  - n. Representative, IPE Global – Member
  - o. Representative, JHPIEGO – Member
  - p. Representative, EKJUT (NGO) – Member



## STAKEHOLDER CONSULTATION

1. The first draft of the State Action Plan was developed and shared with all the stakeholders who were part of the Working Group and with other development partners.
2. One-on-one discussions took place with nodal officers from the Maternal, Child and Adolescent Health Cell for inputs and review.
3. A draft was shared with the Vriddhi team in Delhi for their inputs.



## FINALIZATION

1. The Working Group met under the Chairmanship of the Director, Health Services – Maternal Health.
2. There was participation by all members who critically reviewed the SAP.
3. Inputs from the Working Group were incorporated and submitted to the Maternal, Child and Adolescent Health Cell.
4. Once reviewed, it was sent to the MD NHM for approval and finally presented to the Principal Secretary, Health.

## KEY INSIGHTS

The process of development of the Action Plan had many interesting lessons for the team in Jharkhand that we thought would be useful to capture and disseminate to others in the nutrition community who are interested in conducting a similar exercise in their state or want to aggregate knowledge on the same.

### Commitment and ownership

Every relevant stakeholder in the government and non-government organisation is a “critical stakeholder.” In the initial few months there was consistent engagement with each stakeholder to understand their work and their perspective, such that the process of developing the SAP could be owned by all. The process ensured that the government at different levels including all other organisations working in the sector of nutrition in the State were informed and consulted at each stage to ensure ownership of SAP and commitment to improve the supply and distribution of micronutrients.

### Leveraging capacities

An assessment of the available knowledge and expertise in the State is critical to be able to leverage each other’s strengths, such that one does not need to “reinvent the wheel.” For the SAP, every development partner working on nutrition was consulted and was also asked to support the plan, based on their expertise. It helped in creating a document that now can be implemented with support from multiple partners, allowing collaboration at every level.

## Alignment with stakeholders

The Government of Jharkhand was very clear that they wanted a result oriented document. Initially the work focused on developing a State Operational Plan which was finally changed to a SAP based on the Government’s need. Through inputs from other partners it was decided to focus on micronutrients, though our initial focus was much broader and included operational plans for nutrition within RMNCH+A. It is important to have “built-in flexibility” that allows the programme to incorporate feedback without comprising on the final outcome.

### Consultative processes

It will only support the process, if there is a multi-layered approach to consultation with other partners and the State Government. One-on-one consultations really support in ensuring buy-in but it is important to test assumptions in a group consultation. This process has helped enrich the SAP and create ownership to see the document through. We have learnt it is a good practice to formalise these processes through a ToR approved by the State Government. The consistency in the consultative process has led to innovative and new solutions with different perspectives.

### Resources

One of the key lessons in the process of developing the SAP, is to have a team that is from the State and has good relationships with the Government and development partners, that supports in fast-tracking the process. The existing body of knowledge within the team has reduced the time of our intervention and increased adaptability. The locally based team should be nimble and flexible to respond to the demands from the government.

## About WeCan

We Collaborate for Nutrition (WeCan) is a national level platform that documents and shares high impact nutrition interventions to enable cross-learning for increasing efficiencies among different stakeholders and development partners working to reduce malnutrition and improve the nutrition indicators across India. Funded by the Bill and Melinda Gates Foundation (BMGF), the goals of WeCan are aligned to the overarching mandate of POSHAN Abhiyaan, a flagship program of the Government of India in the nutrition space.

WeCan was born out of the need for a common forum to facilitate cross-pollination of experiences and sharing of learnings amongst development partners. We do this by aggregating, collating and disseminating knowledge of replicable and proven nutrition programs being implemented by various organisations. The processes involved in the programs are captured in the form of practice insights (PIs). Custom products are developed based on the PIs for the ease of comprehension and wider dissemination.

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