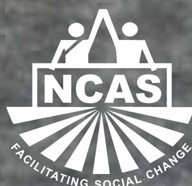
Tackling Malnutrition

Right to Food and Nutrition

Promising Initiatives

Manasi Chandavarkar

Advocacy Primer III



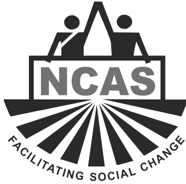
About the series

India has made significant progress in improving food and nutrition security over the last decade and a half. However, absolute levels of stunted and wasted children remain high. Achieving nutrition security for all, and especially for the underprivileged is still a challenge for the nation. Elimination of hunger, security of food and nutrition is a priority in the list of Sustainable Development Goals.

Building awareness about issues related to nutrition, ranging from basic understanding of nutrition to a complex myriad of public policies is an important ingredient of advocacy for nutrition security. Building awareness acquires more significance in the present times when basic premises of nutrition measurements are being questioned by none other than economists of international repute and leaders responsible for implementation of the SDGs in the country.

This series of Advocacy Primers is our effort for building awareness and basic understanding on issues concerning nutrition security. We hope that this series will help activists and all interested in their work.

Do write to us with your suggestions and feedback.



Right to Food and Nutrition: Promising Initiatives
Tackling Malnutrition : Advocacy Primer III

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Photo Credits
Cover: *www.mdm.nic.in*
Inside: *United Nations Children's Fund (UNICEF)*

Published by
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July 2017

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The National Family Health Survey (NFHS 4) nutritional indicators demonstrate some improvement but leave much to still achieve. However, in pockets in India, there have been a few rewarding interventions to ensure that the community secures its rights to food and nutrition. There are considerable lessons to be learnt from them. This note, third in the series of advocacy primers focusing on the Rights to food and nutrition, presents three such prolific cases. The interventions are in diverse areas affecting food and nutrition security i.e. a public food distribution system, a direct nutrition intervention and a communication strategy (an entertainment-education program on Television). The main aim of this note is not to argue whether these interventions were successes or not, and to what extent; there is already literature doing so. It attempts to discuss crucial facets to help brainstorm and outline key learning from the following interventions

1. The Public Distribution System (PDS) in Chhattisgarh,
2. The Tamil Nadu Integrated Nutrition Project and
3. The Ministry of Health and Family Welfare, UNICEF and Prasar Bharti initiative - Kyunki Jeena Issi Ka Naam Hai television program.

The note hopes that this discussion provides vital food for thought in designing and advocating appropriate changes in programs that tackle undernutrition.

The PDS in Chhattisgarh

Several of the reforms introduced as part of the National Food Security Act (NFSA) are based on the reforms of the PDS implemented in Chhattisgarh. These reforms are widely believed to be the reason behind the successful distribution of food grains through PDS in the State. A study conducted by Prasad et. al (2013) confirms Chhattisgarh´s PDS success. Moreover, they found that not only did people in the State eat more PDS rice, they also improved the quality of their diet by eating more pulses, produce, and animal meat products, compared to people in the districts of States bordering Chhattisgarh. This increased the amount of proteins and nutrients such as minerals and iron in their diet.

As compared to most of its neighbouring States, Chhattisgarh is a fairly young State carved out of Madhya Pradesh in November 2000. At the State's inception around 55% of its population was below the poverty line whereas only about 10% of households were consuming PDS rice from the shops run by the State Cooperatives Network. This number increased to over 33% by 2010. (Prasad et. al, 2013) This change was a cumulative effect of PDS reforms starting in the year 2001.
First, in 2001 the government allowed private dealers to apply for licenses to run Fair Price Shops (FPSs). Privatisation almost doubled the number of FPSs in the

state. This jump in the number of FPSs is crucial because PDS access in Chhattisgarh was especially poor. Compared to its neighbouring states, Chhattisgarh started off with less than half the number of FPSs per 1,000 persons. The reform significantly narrowed this gap. (Prasad et. al, 2013)

Second, the government increased the amount of PDS rice that it procured directly from farmers within the state. Starting in 2002, Chhattisgarh began to participate in the decentralised procurement scheme in which state governments procure rice and wheat directly from local farmers. As a result, between 2002 and 2004, PDS rice procurement increased from just under one million metric tons to just under two million metric tons - an increase of approximately 100%. (Prasad et. al, 2013)

Third, in 2004, the ration shops were again de-privatised. As per Dreze & Khera (2010), while the privatization in 2001 allowed the network of ration shops to widen, it also created a new nexus of corrupt players whereby dealers paid politicians to get licences as well as protection when they indulged in corrupt practices. In 2004, the government, despite severe opposition from dealers, put Gram Panchayats, Self- Help Groups, Van Suraksha Samitis and other community institutions in charge of the ration shops. In addition to bringing ration shops closer to people's homes, this helped to introduce accountability in the PDS.

> "When people run their own ration shop, there is little incentive to cheat, since that would be like cheating themselves. Community institutions such as Gram Panchayats are not necessarily "people's institutions" but, nevertheless, they are easier for people to influence than corrupt middlemen or the government's bureaucratic juggernaut." (Dreze & Khera, 2010)

Fourth was to ensure "doorstep delivery" of PDS grains. Grains are delivered by state agencies to the ration shop each month, instead of dealers having to lift their quotas from the nearest godown. This helps because corrupt dealers who diverted grains to the black market (open market) before they could even reach the village and sold reduced quantities to the consumers saying there was a shortfall at the godown are not able to do so. Once the grains are delivered to the ration shop in the village, it is much harder for dealers to divert it without opposition. In addition, truck movements from the godowns to the ration shops are carefully monitored and, if a transporter cheats, the dealers have an incentive to mobilise local support to complain against him. (Dreze & Khera, 2010)

Fifth, electronic weighing machines were introduced in the ration shops.

Sixth, rigorous monitoring often involving creative use of technology and improved grievance redressal was also put in place. For e.g. a system of 'SMS alerts' was launched to inform interested citizens of grain movements, and all records pertaining to supplies, sales, timelines etc. were computerized. Grievance redressal based on helplines which are often used by cardholders stood a good chance of timely response. The action was not limited to enquiries; in many cases, FIRs were lodged and some corrupt middlemen have also landed in jail. (Dreze & Khera, 2010)

Seven, increased transparency measures were introduced to eliminate bogus ration cards e.g. in several areas houses have a large round sign, painted next to the door, displaying the type of ration card held by that household and the corresponding price and quantity entitlements. This serves two purposes i) generating awareness about entitlements and ii) 'naming and shaming' those who possess a ration card for which they are not eligible.

Eight, and possibly a major step in the PDS revamp was a significant expansion in the coverage of PDS. Close to 80 percent of the rural population, including all SC/ST households, is entitled to PDS grains at either one or two rupees per kilo. Since most rural households have a strong stake in the PDS, the otherwise poor and disempowered rural card holders have found an enhanced voice to generate immense pressure on the system. (Dreze & Khera, 2010)

Last but not the least, this has all been possible due to political will. Whether that will was generated and fueled by the larger interest of the community and especially the marginalized is a debatable question. However, in the process, it showed striking results.

Tamil Nadu Integrated Nutrition Project (TINP)

In the 1980s Tamil Nadu had a total of twenty-five different intervention programs, including the Integrated Child Development Services Scheme and the Chief Minister's Noon Meal Program. Governmental commitment to the population's health and nutrition was obvious but the need for a more practical and streamlined approach to health care was apparent. (Shekhar, 1991)

To reduce malnutrition and consequent high mortality in children under-three, and to improve their health and nutritional status, and that of pregnant and lactating women, the Government of Tamil Nadu/Department of Social Welfare and TINP Project Coordinator's Office through the Directorate of Social Welfare and the Directorate of Public Health and Preventive Medicine implemented the TINP from October 1980 to March 1989. The project was supported by the World Bank. (UNSCN, 1991)

TINP operated with the following objectives:

- Nutrition surveillance through regular growth monitoring of all children in the age group 6-36 months.
- Help rehabilitate the malnourished and head off proximate malnourishment through short term food supplementation.
- Reduce the mortality and morbidity due to protein-energy malnutrition and specific nutrient deficiencies.
- Improve the nutritional status of pregnant and nursing women.
- Strengthen health services to provide adequate back-up support to the nutrition effort.
- Improve home child care and feeding practices through education.
- Improve the efficiency and the impact of the above through sustained performance monitoring and evaluation.

As per UNSCN (1991), to help achieve these, the project had three major components: nutrition, health, and communications. Project implementation was to be monitored by the monitoring wing continuously and evaluated by an outside agency periodically.

Nutrition services delivery formed the core of TINP. A Community Nutrition Centre was established in each village (population 1500) and run by a Community Nutrition Worker (CNW). The CNW surveyed all households in the area (survey updated every quarter) and registered target children in the age group 6-36 months. These children were weighed each month and their weights plotted on growth charts to determine their nutritional status on a weight-for-age basis and

to monitor their growth. Children determined to be at risk (i.e. with Grade III/IV severe malnutrition, or showing signs of growth faltering – losing weight, failing to gain weight or showing inadequate weight gain between successive weighings) were admitted to a short term supplementary feeding program. Pregnant women were also selectively fed. The supplement consisted of a cereal-pulse mix which was roasted, ground and sweetened with jaggery. The CNW administered Vitamin A prophylaxis (a 200,000 IU mega-dose every six months) to all children, along with deworming treatment (piperazine citrate, three times a year). Iron and folic acid were distributed to pregnant/lactating women. Monthly weighing sessions also provided workers with the opportunity to check on the children's health needs (e.g. immunisation, management of diarrhoeal episodes) and to educate mothers. (UNSCN, 1991)

It was decided to simultaneously upgrade the infrastructure, supply position, and worker skills in the existing health system, in order to improve the delivery of mother & child health services. The project helped to deploy and train one female multi-purpose health worker (MPHW) in a health sub-centre for a population of 5000 (4-5 villages), and in the absence of a village based health care worker, sought to establish a functional linkage between the nutrition and health care systems through the CNW. Specifically, those children who failed to respond to supplementation were to be referred to the health worker by the CNW for diagnosis, treatment and referral upward if necessary. The MPHW was also expected to deliver her package of MCH services through the Community Nutrition Centre, with the help of records and contacts made by the CNW. They were to make joint house visits for the purposes of nutrition and health education. (UNSCN, 1991)

Both the health and nutrition components were to be reinforced by a Communications Component which was designed to:

i) make mothers more fully aware of the nutritional needs of children;
ii) bring about better intra-family food distribution; and
iii) Enable the community to better handle its health and nutritional needs.

The strategy used was to encourage families to adopt a limited number of specific practices to improve the nutrition and health status of children. These included the importance of colostrum and breast feeding, timely introduction of solid foods to supplement breast milk, home management of diarrhoea, immunization, and improved environmental hygiene. (UNSCN, 1991)

As per Shekhar (1991), specific features in project design that seem to contribute to the success of the project include the following:

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As per Shekhar (1991), specific features in project design that seem to contribute to the success of the project include the following:

- Targeting - precisely defined area targeting coupled with beneficiary targeting allows project inputs to be honed to the most needy groups;
- CNW workloads - realistic worker-to-client ratios and well-defined and limited work routines ensure a manageable workload for CNWs;
- Recruitment and training of workers - recruitment of fresh cadres of workers with an aptitude for the work required and appropriate training followed by regular in-service training creates strong worker commitment and competence;
- Adequate supervisory support - prudently designated worker to supervisor (CNW: CNS) ratios allow for adequate time and energy for supervisory support to grass-roots level workers;
- Community participation - project design lays heavy emphasis on eliciting community participation, which has been envisaged as both a means and an objective.
- Information generation, management, and use - a well-organized system for the generation, management, flow, and utilization of project information is crucial to the success of the program.

Attention to the very minutest of details in planning the project is so intense that its contribution to the successful implementation of TINP cannot be overestimated. However, what is indeed remarkable is the fact that this kind of detailed planning has not detracted from the built-in flexibility in program implementation. For example, while the CNWs work routine is charted out fairly precisely, it does not prevent her from varying the time of feeding to suit local needs. (Shekhar, 1991)

On the other hand, specific features in project implementation that seem to contribute to the success of the project include the following:

- Worker-supervisor interaction ensures regular two-way communication;
- Recruitment of local CNWs facilitates implementation;
- Recruitment of married, poor women with healthy children as CNUs enhances worker credibility;
- Community cooperation contributes much toward successful implementation. Special mention is required here of Women's Working Groups and Community Working Groups;
- Use of a snack-food supplement reduces chances of substitution (however, the lack of variety in food still needs attention);
- Growth charts serve as a tool for nutrition education;

- Involvement of a foreign donor agency increases answerability and hence increases pressure to perform. At the same time, worker morale has been adversely affected during periods of uncertainty about project extension. (Shekhar, 1991)

In 1975, only 4.5 percent of all children between 1 and 5 years of age in Tamil Nadu were "normal" based on the National Center for Health Statistics (NCHS) standards. The percentage increased to 7.1 in 1989 while the percentage of severe malnutrition declined from 13.7 in 1975 to 5.3 in 1989. While the success of TINP is evident, there were some constraints that were recognized too. These include inadequate attention to the location of community nutrition centres (CNC) and consequently less utilization of services by the most needy, some lost opportunities for mid-project design modifications, and limited emphasis on community participation (different from community co-operation). (Shekhar, 1991)

In conclusion, effective direct intervention, community-based nutrition project design depends on (a) detailed knowledge and understanding of the health and nutritional problems of the target population; (b) an understanding of viable measures to combat the problems identified; and (c) adequate flexibility to allow for design modifications based on feedback from the field (Shekhar, 1991). Success lies in meeting stated outcome and process objectives with a focus on sustainability. The ability to do so is governed by sociopolitical factors like political will, administrative support and community participation; technical factors like infrastructure and personnel capacity; and financial factors (Sanders, 1999). Ultimately, all these factors need to (be made to) function like wheels in gears, synergistically.

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An entertainment - education television program:
Kyunki Jeena Issi Ka Naam Hai

The Ministry of Health and Family Welfare, UNICEF and Prasar Bharti, the public service broadcaster, joined hands to reach out with essential information about child health, nutrition and development through the television program - Kyunki Jeena Issi ka Naam Hai. This entertainment-education program weaving together elements of drama and education to communicate with women, families and communities about key social issues, was launched on 7 April 2008. A total of 501 episodes were aired between 2008 and 2011, making it the longest running entertainment-education-program and most watched soap opera in India. (UNICEF, 2013)

As per UNICEF (2013), 100 million Indian households own a television set – by far the most popular medium for communication and entertainment. 45 per cent of rural households have access to television programs. Recognising the need for educating public opinion about maternal and child nutrition and related entitlements, and the massive reach of the television, an entertainment education television soap opera – a popular entertainment format with Indian audiences, was used as a means of communication. The program was aired from 8.30 pm to 9.00 pm three times a week to entertain while sharing information and influencing the knowledge, attitudes and practices of individuals, families and communities to foster positive individual and social change.

The serial utilizes engaging stories and drama to provide information on critical health, education, equality, and protection issues, messages which also aid community workers in their interpersonal and group communication mandates. Rigorously pretested and supported by continuous research, the serial promoted prosocial change and encouraged self-efficacy through persuasive modelling. The program drew its educational content from the “Facts for Life global communication initiative” created by a number of United Nations agencies. The Facts for Life Communication Initiative acts on the connection between two strategic principles: 1) behaviour change outcomes are best assured through an efficient and synergistic mix of mass media, small group, and interpersonal communication interventions; and 2) given the range of behavioural outcomes associated with the MDGs, communication needs to be convergent, holistic, and systematic to be effective. (UNICEF, 2011)

UNICEF (2013) states that the serial was watched by over 145 million people, 61 per cent of whom were women between the ages of 15 and 35 years, indicating that it achieved a balance between social messaging and prime-time entertainment.

Specific features in project design and implementation that seem to contribute to the success of the project include the following:

- Broadcast on the national television network, Doordarshan, a choice because of its large penetration even in the most remote corners of rural India.
- The convergence and collaboration of a variety of agencies and institutions to develop the content, identify the right messages, connect information and entertainment, and ensure that the messages delivered were clear, factual, visually correct, actionable and appealing.
- The program was backed by a robust monitoring and evaluation plan, which included concurrent monitoring, rapid assessments, and baseline and endline assessments for direct audience feedback.
- Concurrent monitoring and evaluation were used to generate real time feedback from the viewers and help track reach, coverage and impact, helping scriptwriters, producers and message developers design more impactful future episodes. (UNICEF, 2013)

The first rapid audience assessment was conducted among randomly selected women aged 15–34 in 4 of 6 targeted states (Rapid Audience Survey I, Centre for Media Studies cited in UNICEF, 2011). Key findings included:

- 95 per cent of total respondents liked the show.
- 92 per cent of them could identify their lives with the serial more than any other serial on television
- 48 per cent of respondents discussed the storyline and characters with their family or friends.
- In Madhya Pradesh, 75 per cent of respondents expressed their intention to take action after watching the serial
- After viewing the show, Anganwadi workers in Rajasthan and Uttar Pradesh reported that they had been motivated to conduct surveys of children, enrol them in the Anganwadi and promote a nutritious diet.
- Auxiliary nurse midwives (ANMs) from Jharkhand and Madhya Pradesh were inspired by the serial's nurse to perform their duties with renewed dedication.
- Accredited social health activists (ASHAs) in Jharkhand felt that the serial had reinforced their existing knowledge on antenatal check-ups and taught them more about social work and working with under-served populations (in-depth interviews, Centre for Media Studies).

Other evaluation findings, mentioned by UNICEF (2013) indicated that

- 95 per cent of the viewers exposed to the program recalled messages on breastfeeding;
- 87 per cent recalled messages related to early initiation of breastfeeding and colostrum feeding;

- 85 per cent recalled messages on exclusive breastfeeding for six months and
- 67 per cent recalled messages about the introduction of complementary foods after the first six months.

Since the average cost of reaching a viewer was less than INR0.70, UNICEF (2013) established that entertainment education is an ideal medium to engage and maintain audience attention, impart vital information on infant feeding, nutrition and care, and encourage dialogue between families and communities. UNICEF is collaborating with satellite and regional broadcasting networks to re-broadcast the show. A radio adaptation of the serial and its use for the development of short video clips for inter-personal communication and dialogue are also planned.

In conclusion, entertainment-education develops and disseminates critical messages that are educational in substance, entertaining in structure, and popular in style. The entertainment-education strategy works at the nexus of culture and development to achieve behavioural results and supplement program interventions. Through this strategy, it allows communicators to tackle and talk about underlying and basic causes of problems that are often sensitive or socio-culturally entrenched. (UNICEF, 2011)

Conclusion

While the three interventions discussed above are diverse, they have all helped improve food and/or nutrition security in various ways, thereby directly or indirectly helping to tackle malnutrition. It will be a worthwhile exercise to examine these programs using the UNICEF causes of undernutrition framework, to analyse which of the causes they address/ do not address, why and how. Such analysis helps with understanding trade-offs in the project and implementation design, a fundamental factor in any design process. Further discussion to fuel actionable changes in the areas (geographically and sectorally) we work in, to ensure the rights to food and nutrition, is urged.

Literature reviews during the course of writing this note have indicated that there are success stories in tackling malnutrition across the world – Thailand, Indonesia (UPGK), Tanzania (Iringa project), Zimbabwe (CSFP/SFPP) are a few examples. We really need to introspect and critically examine why, in spite of such proven cases, in India and elsewhere, we still struggle to ensure everybody's right to food and nutrition. The urgency in doing so can never be overstated.

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