

Block Operational Guidelines To Achieve Nutrition Security

Based on the
Leadership Agenda for Action

May 2010



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Coalition for Sustainable Nutrition Security in India

1. Background

Despite rapid economic growth and the existence of many national health and nutrition policies, plans and programmes, many Indians continue to suffer from high levels of undernutrition. In response to this, a group of public and private sector leaders united to improve nutrition security in India and formed the Coalition for Sustainable Nutrition Security in India (the Nutrition Coalition), which is chaired by Professor M S Swaminathan.

The Nutrition Coalition brought together a diverse group of experts and stakeholders to produce the Leadership Agenda for Action, which provides programme leaders with effective, evidence based recommendations to improve nutrition security in India and to move knowledge into action. The experts worked in a collaborative manner to produce several sections for the Leadership Agenda for Action: 1) an overview of nutrition security in India with high level recommendations, entitled “Overcoming the Curse of Malnutrition in India”, 2) the “Essential Interventions for Reducing Malnutrition in Infants and Young Children”, 3) the “Essential Interventions for Improving Nutrition for Girls’ and Women,” and 4) a commentary by the Nutrition Coalition Chair entitled “A Five Point Charter for Overcoming the Curse of Malnutrition.”

2. Operationalising the Leadership Agenda

The Nutrition Coalition is advocating for operationalizing the Leadership Agenda for Action and this document presents an operational plan for the block level to assist in this effort. The block level is the closest administrative level to the community, where almost all government programmes and departments also have representation. It is a level where there are logical platforms for coordination, such as the Block Development Officer, and where communication is facilitated by telephone and internet connectivity. With an average of 150 villages (and 1 to 1.5 lakh population) per block, the scale is also conducive for change management.

This document converts the key recommendations from the Leadership Agenda for Action into activities, appropriate at the block level. The focus is on strategic inputs and new activities, which are meant to catalyze and improve the delivery of programmes that are already funded by the Government (such as on-going primary health care, nutrition supplementation programmes and water and sanitation initiatives).

These major additional and catalytic activities are summarised below.

1. Improve Leadership and Coordination for Nutrition

- Hold regular nutrition coordination and convergence meetings, led by
 - Block Development Officer (BDO) (at block level)
 - Ward Counselor (if an urban block),
 - panchayat samiti at sub-block (village cluster level), and
 - PRI member and/or Village Health and Sanitation Committee, possibly linked with mandated Block Level Coordinating Committee (at village level)

2. Sensitize and build capacity of key leaders in nutrition

- Focus on the Block Development Officer, PRI leaders and VHSC members, other local champions
- Develop Block Nutrition Action Plans to improve focus on nutrition and results
- Leaders to hold public programmes accountable for achieving nutrition outcomes as per the Action Plans

3. Introduce Additional Nutrition Workers

- Introduce 4-6 skilled Nutrition Advisors per block, at panchayat samiti level (with one of them serving as a Coordinator for the entire block, working closely with BDO)
- Introduce Nutrition Counselors (honorary /incentivized workers) to focus on BCC activities at community level (could be supported by PRI)

4. Nutrition Education and Communication Programme

- Develop a Nutrition Education strategy and plan (harmonized messages, multiple departments and programmes involved), harmonized with a national nutrition education programme (based on evidence and formative research], customized for the local context)
- Identify / develop needed training materials, pretest, produce and disseminate the materials
- Capacity Building for frontline workers (especially Nutrition Advisors and Counselors) on communications skills and the use of the materials
- Implement community mobilization activities (e.g., entertainment education) with leadership of the Nutrition Advisors and Counselors

5. Equity and Gender

- Prioritise and expand existing “stay in school” programmes for girls and programmes to delay age of marriage

Annexure 3: Key Activities at Block Nutrition Security Coordination Meetings

The Block Level Nutrition Security coordination meetings should be convened by the BDO (with full support of the District Magistrate) who will lead as follows.

- Identify and invite relevant stakeholders for nutrition security
- Commitment to work toward the common goal of achieving nutrition security in the block
- Review needs and develop a Block Nutrition Security Action Plan, with a list of priority results (measurable indicators)
- Hold a regular (monthly or quarterly) review and coordination meeting at block and lower levels, with a set agenda items as well as variable agenda items – this meeting can build on existing meeting platforms
- Review monitoring data and engage in problem solving at each meeting

Annexure 2: Job Description: Nutrition Advisors (Block Level)

This is a Government staff position, proposed as a MPRI position, but can be managed differently as per block requirements.

- Assist the BDO in developing the Nutrition Security Action Plan for the block
- Assist with key activities in the Nutrition Action Plan, such as review of data, preparation for the review meetings
- Support the Nutrition Counselors, especially with nutrition education efforts
- Support the PRI in fostering active VHSC (needs assessment, development of health plan, implementation of health plan)
- Support women's self help groups and food processing schemes
- Support improved monitoring efforts, including community accountability efforts
- Other work with the BDO and PRI system to ensure nutrition is a priority focus area

Note that one of these Advisors will be based in the block HQ, and serve as a Coordinator for the entire block, working with the gram samiti of that area as well as assisting the BDO as follows:

- Assist BDO to organise and prepare for regular nutrition review meetings (lead in preparing meeting agenda, meeting logistics)
- Assist BDO to ensure inter-department communication and collaboration
- Other work with the BDO or PRI system to ensure nutrition is a priority focus area

- Expand PRI efforts to support women's self help groups (SHGs) and promote women's participation and leadership in VHSC, VHND, and other health efforts
- Develop local food processing units in one or two selected SHGs per block, to improve community access to convenient and affordable nutritious foods and to improve women's incomes (could be with private partnerships)
- Hold Government programmes accountable for expanding reach to the poorest and most vulnerable.

6. Monitoring & Evaluation

- Agree on the priority indicators and integrate them into all related public programmes and missions and the Block Nutrition Action Plan
- Adapt/Develop data collection processes and tools (with expert consultations)
- Train leaders and staff in data analysis and presentation; Promote the use of the data in regular block review meetings for accountability (improved governance)

7. Support and Motivate Frontline Workers

- Build capacity of supervisors to provide supportive supervision and motivation for frontline workers (AWW, ASHA, ANM, Nutrition Advisors, Nutrition Counselors)
- Provide needed support to supervisors (e.g., funding for transportation costs, supervision guidelines)
- Initiate reward and recognition schemes (mainly non-financial) for frontline workers and other key programme staff

3. General Guidelines for Block Operationalization

Leadership and Coordination: One of the key recommendations of the Leadership Agenda for Action is to place more focus on nutrition in existing programmes and to improve coordination and accountability mechanisms so these programmes produce nutrition results. This requires building stronger collaborative mechanisms at the block level, championed by leaders such as the Block Development Officer (BDO) and panchayati raj institution leaders, at block, sub-block and village levels. These leaders should involve other local champions as appropriate and work to prioritize nutrition – and hold all related public sector programmes accountable for achieving agreed upon nutrition outcomes. Many missions and departments should be involved including: NRHM, Water and Sanitation Mission, Horticulture Mission, Literacy Mission, MHFW, MWCD, MFA, MPRI, MRD, MHRD, PDS, MDM, NREGS, MFP, MHPP, Ministry of Statistics and Programme Implementation, MIT, and others. These leaders should involve local civil society groups as possible, which may be particularly important in insurgent areas.

Community Level Workers: Another key recommendation from the Leadership Agenda for Action is the need to add more community level workers, dedicated to nutrition. Evidence from other countries that have made significant progress in achieving nutrition security show that this as a critical input. This operational plan proposes block and community level workers; four to six Nutrition Advisors at gram samiti level (with one of these serving also as a block level Coordinator) and voluntary Nutrition Counselors serving at village level. See attached summary job descriptions. These workers will need motivation systems and supportive supervision.

Nutrition Education: Since undernutrition is linked with complex economic, social and cultural beliefs and practices, there is a

Annexure 1: Job Description: Village Nutrition Counselor (Community Level)

This is an incentivized, volunteer worker, not a Government staff position.

- To undertake Awareness Generation through community mobilisation and interpersonal communication in support of the nutrition education campaign
- Support priority nutrition messages and interventions including:
 - Growth monitoring
 - Importance of feeding of colostrum within 1 hour of birth
 - Importance of exclusive breastfeeding for the first six months
 - Timely introduction of complementary foods at 6 months
- Promote other nutrition interventions, along with the Village Panchayat, including:
 - Educating the community regarding safe disposal of excreta
 - Creating demand with respect to provision of sanitation and other facilities through National programmes
 - Promoting options that enhance safe food management by households
 - Educating the mother how to prepare food from locally available raw materials
 - Importance of schooling for the girl child
 - Equity with respect to female nutrition, workload and economic conditions
 - Delaying age of marriage and of first pregnancy
- Coordinate with ANM and AWW in priority nutrition areas, including support to VHND and VHSC
- Expand village awareness of government benefits and entitlements
- Promote collaboration between government programmes and departments

5. Estimated Costs Per Block Per Year

Nutrition Advisor at block level & Nutrition Counselors at community level	Rs 20,00,000/-
Nutrition Education Campaign and Materials	Rs 25,00,000/-
Monitoring System Improvements	Rs 6,00,000/-
Improved Coordination Meetings	Rs 1,00,000/-
Supportive Supervision & Worker Motivation Efforts	Rs 3,00,000/-
SHGs, Women's Empowerment Efforts and Local Food Production	Rs 20,00,000/-
Total per Block	Rs 75, 00,000/-

need for a focused and comprehensive nutrition education and awareness generation programme to inform the community regarding better nutritional and health practices. This should start with prioritising and then harmonising key nutrition messages at national or state levels, and block level leaders should ensure that all programmes and departments promote and reinforce the most critical messages. This effort should include community mobilisation, and proven methods such as entertainment education. The Nutrition Advisors and Counselors, along with other frontline workers (AWW, ANM, ASHA) will be the key actors in the nutrition education programme, providing information and counseling at the community and household level.

Equity and Gender: Undernutrition is more common among the poor and marginalized and it also has a gender bias. This operational plan proposes efforts to expand coverage to the most vulnerable and marginalized groups and setting clear targets and indicators to hold programmes accountable for this. It also supports women's empowerment through promotion of education, delayed age of marriage and self help groups (SHGs), with significant linkages and support from the PRI. One or two selected SHGs should also be supported to develop food processing units for each block, which will 1) increase access to affordable, locally acceptable nutritious and convenient foods, especially for pregnant and lactating women and young children (i.e., complementary foods and 2) generate income for the women in the SHGs. This is consistent with ICDS and other government guidelines which promote local food production and allow Government programmes to purchase the locally produced foods from the women's SHGs. The ingredients and composition these foods should be developed in accordance with the preference of the communities, available local farm produce, and the national Prevention of Food Adulteration quality standards and guidelines in force.

Monitoring & Evaluation: A final critical recommendation to achieve nutrition security is to strengthen the nutrition monitoring

system. This system should be designed to measure expansion of programmes to the poorest and most vulnerable group and should also function to ensure strategies are working and to hold government programmes accountable for achieving results (and improve governance). Block leaders should develop a Nutrition Action Plan with a set of key nutrition indicators. The BDO and other leaders should then use the monitoring data at the regular coordination meetings, to ensure accountability and progress toward nutrition security.

Note that the Government leaders are often able to request technical assistance from local training and academic institutions, NGOs, the private sector (through corporate social responsibility programmes) and development partners, often at limited or no cost to the Government (e.g., to develop a nutrition education campaign, to improve monitoring systems).

4. Illustrative Outcome Indicators

National and block level programmes need to focus on the most critical nutrition outcomes and not just process indicators. Illustrative indicators are provided below.

- Percentage of children under 2 yrs who were put to the breast within one hour of birth
- Percentage of infants 0-6 months of age who are fed exclusively with breast milk
- Percentage of infants 6-9 months of age who receive solid, semi-solid or soft foods (as per complementary feeding guidelines)
- Percentage of children 6 months to 5 yrs old having received two doses of vitamin A in the previous 12 months
- Percentage of children 1-5 yrs old having received deworming tablets in the previous 12 months
- Percentage of children under 5 yrs reported to have had an episode of diarrhoea in the previous two weeks who received appropriate care including ORS and/or zinc supplements
- Percentage of adolescent girls 10-19 years old who have taken an iron and folic acid supplement in the previous week
- Percentage of adolescent girls 10-19 years old who have taken a deworming tablet in the last 6 months
- Percentage of pregnant women who consumed at least 100 iron and folic acid supplements
- Percentage of women who have consumed foods rich in bio-available iron in the last 24 hours
- Percentage of households with access to safe drinking water
- Percentage of households with access to improved sanitation
- Percentage increase in girls enrolment and retention in schools
- Percentage increase of girls completing school
- Percentage of families consuming food from their fields or kitchen gardens