



Addressing India's Nutrition Challenges

Report of the Multistakeholder Retreat
New Delhi 7-8 August 2010



सत्यमेव जयते

Planning Commission
Government of India

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एम. एस. आहलुवालिया
MONTEK SINGH AHLUWALIA



उपाध्यक्ष
योजना आयोग
भारत
DEPUTY CHAIRMAN
PLANNING COMMISSION
INDIA

Message

India faces a unique development paradox of being in the front ranks of fast growing global economies, with vibrant economic growth rates and yet, in stark contrast - around 40% of India's children under three years of age are undernourished. India's Nutrition Challenges call for urgent action, as a critical development imperative for ensuring faster, more inclusive and sustainable growth.

I extend my appreciation to Member Planning Commission, Dr. Syeda Hameed for her leadership in evolving a consensus on multisectoral interventions to address India's Nutrition Challenges. The strategy focuses on preventive early action - prenatally, in the neonatal period, early infancy and in the first two years of life, which is critical for addressing a vicious cycle of undernutrition, disease/infections, related mortality and risks to maternal and child survival and development. The girl child is especially vulnerable, and high priority will be accorded to improving the female/male ratio in children under 6 years, which is 914 girls for every 1000 boys as per Census 2011 Provisional Population Totals. The strategy recommendations also provide the foundation for a more comprehensive approach to Universal Health Care, Women's Empowerment and Child Development, with a continuum of care across the life cycle and from the family/community, to the anganwadi, to health centres and facilities.

The decisions of the PM's National Council on India's Nutrition Challenges, informed by the Recommendations for Action that emerged from the Multistakeholder Retreat on Nutrition, provide us with a roadmap as we make the transition to the Twelfth Plan.

I am confident that the Twelfth Plan will demonstrate the change that has already begun and extend my support and best wishes to all those involved in this endeavour.

(Montek Singh Ahluwalia)
Deputy Chairman
Planning Commission



Foreword

Nutrition is crucial for the fulfillment of human rights - especially those of the most vulnerable children, girls and women, locked in an intergenerational cycle of multiple deprivation. It constitutes the foundation for human development, by reducing susceptibility to infections, reducing related morbidity, disability and mortality, enhancing cumulative lifelong learning capacities, and adult productivity. It is critical to prevent undernutrition, as early as possible, across the life cycle, to avert irreversible cumulative growth and development deficits that compromise maternal and child health and survival, achievement of optimal learning outcomes in education and gender equality.

According the highest priority to combating malnutrition, Planning Commission was mandated to anchor a Multistakeholder Retreat on India's Nutrition Challenges, to evolve Recommendations for Action for the consideration of the Prime Minister's National Council on India's Nutrition Challenges.

This was organised by the Planning Commission, in New Delhi on 7-8 August, 2010. Over 200 participants from 16 states participated in the two day consultation which brought together representatives from a wide spectrum of stakeholder groups - especially voices from the field. These included ANMs, Anganwadi workers, ASHAs, representatives of Panchayati Raj Institutions, Women's Self-Help Groups and other community groups.

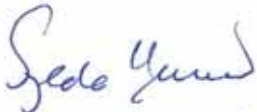
The Multistakeholder Retreat was a significant milestone as it evolved a consensus on how to move forward. The outcome of this participatory consultative process was a Framework for a Multisectoral National Plan of Action to prevent and reduce undernutrition - especially maternal and child undernutrition in India. Extensive preparatory work was undertaken in partnership with the Ministry of Women and Child Development and the Ministry of Health and Family Welfare. Recommendations for Action that emerged from this process were placed for consideration of the first meeting of the Prime Minister's National Council on India's Nutrition Challenges, held on 24th November, 2010.

I take this opportunity to extend my appreciation to all of those who shaped this initiative - the many voices we heard from the field, the resource facilitators' team, all the participants, the design and leadership teams. I would especially like to acknowledge the contribution of the core group that brought these diverse views together and that continues to work on taking this forward.

I look forward to this initiative touching the lives of around one fifth of the world's children - fulfilling the rights of India's children and women to survival, development, protection and participation, towards more inclusive growth and sustainable human development.

We all derive wisdom from the words of Jalauddin Rumi:

Constant, slow movement teaches us to keep working
Like a small creek that stays clear
That doesn't stagnate but finds a way
Through numerous details; deliberately
That is what gives us hope.



8.4.11

(Syeda Hameed)
Member
Planning Commission



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Abbreviations

ANM	Auxiliary Nurse Midwife
ASHA	Accredited Social Health Activist
AWC	Anganwadi Centre
AWW	Anganwadi Worker
BMI	Body Mass Index
CBO	Community Based Organisation
CCT	Conditional Cash Transfer
CDPO	Child Development Project Officer
CHC	Community Health Centre
CMB	Conditional Maternity Benefit
DLHS	District Level Household and Facility Survey
DOTS	Directly Observed Treatment Short Course
EBF	Exclusive Breastfeeding
GIS	Geographic Information System
ICAR	Indian Council of Agricultural Research
ICDS	Integrated Child Development Services
ICT	Information and Communications Technology
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IGMSY	Indira Gandhi Matritva Sahyog Yojana
IMR	Infant Mortality Rate
IYCF	Infant and Young Child Feeding
JNNURM	Jawaharlal Nehru National Urban Renewal Mission
JSY	Janani Suraksha Yojana
MDM	Mid-Day Meal
MGNREGS	Mahatma Gandhi National Rural Employment Guarantee Scheme
MoHFW	Ministry of Health and Family Welfare
MIS	Management Information System
MMR	Maternal Mortality Ratio
MTC	Malnutrition Treatment Centre
MoWCD	Ministry of Women and Child Development

NCAER	National Council of Applied Economic Research
NFHS	National Family Health Survey
NFSA	National Food Security Act
NMR	Neonatal Mortality Rate
NNMB	National Nutrition Monitoring Bureau
NRC	Nutrition Rehabilitation Centre
NRHM	National Rural Health Mission
NRLM	National Rural Livelihoods Mission
NSV	No-Scalpel Vasectomy
NUHM	National Urban Health Mission
PHC	Primary Health Centre
PRI	Panchayati Raj Institution
RCH	Reproductive Child Health
RGSEAG	Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
RSBY	Rashtriya Swasthya Bima Yojana
SC	Scheduled Caste
SHG	Self-Help Group
SHSRC	State Health Systems Resource Centre
SIHFW	State Institute of Health and Family Welfare
SNP	Supplementary Nutrition Programme
SSA	Sarva Shiksha Abhiyan
ST	Scheduled Tribe
THR	Take Home Ration
TPDS	Targeted Public Distribution System
TSC	Total Sanitation Campaign
UID India	Unique Identification Authority of India
ULB	Urban Local Body
VHND	Village Health and Nutrition Day
VHSC	Village Health and Sanitation Committee
VIPP	Visualisation of Participatory Programming
WHO	World Health Organization

I. Executive Summary



India has accorded the highest priority to combating malnutrition, since it remains persistently and unacceptably high, in spite of a multitude of efforts of the Government. The key issue is preventing and reducing maternal and child undernutrition as early as possible, across the life cycle- especially in utero and the first two years of life, in adolescent girls and women. In order to accelerate improvements across states, the Government of India has decided to mobilise multisectoral action to address the multiple causes of undernutrition effectively. Nutrition is being accorded utmost priority at the highest levels with the Ministries of Women and Child Development (WCD) and Health and Family Welfare (HFW) jointly formulating a Strategy Note, in consultation with the Planning Commission and Prime Minister's Office. Based on the same and deliberations of the Retreat, recommendations have been drawn up and these were placed before the PM's National Council at its first meeting on 24 November 2010.

Against the above backdrop, the Planning Commission was mandated to anchor a Multistakeholder Retreat to address the country's nutrition challenges, using a synthesis of the joint strategy note to facilitate dialogue. As the title of the consultation suggests, the purpose of the retreat was to first hear and then factor in the concerns of all stakeholders. The unique aspect of the consultation was the inclusion of voices of different players, significantly, grassroots functionaries, by engaging them in discussion and dialogue using different tools such as group work, presentations, multi/open voting, system, futuring and visualisation of participatory programming (VIPP).

A special exhibition was mounted with details of state best practices, innovations, local materials and poster presentations as part of a walk-through display. State teams facilitated inter-state sharing and learning during the retreat and in the evening, local folk media and street theatre were mobilised to broaden the scope of discussion on nutrition.

Objectives of the Retreat

- Develop a framework for a multisectoral National Plan of Action to prevent and reduce undernutrition in a time-bound manner.
- Have clearly articulated commitments from different stakeholders.
- Outline how institutional reform will take place at village level.
- Prioritise key multisectoral interventions for accelerating action.

Preparatory Work Undertaken Prior to the Retreat

Design and Leadership teams were constituted in June 2010, to facilitate the retreat by providing vision and leadership. A joint strategy note was prepared after consultations between MoWCD and different groups such as Members of Parliament, Conference of State Ministers/State Secretaries in charge of WCD and Consultative Committee of Parliament on Malnutrition in Women and

As the title of the consultation suggests, the purpose of the retreat was to first hear and then factor in the concerns of all stakeholders.

Children. Recommendations of the draft Mid Term Appraisal of the Eleventh Plan, presented to National Development Council with findings of the interim report of NCAER ICDS Evaluation study, also provided insights for developing an agenda for institutional reform.

The retreat was held in New Delhi on 7-8 August 2010 with over 200 participants from 16 states. The strength of the initiative and seriousness with which malnutrition was taken up could be seen by the wide representation of all key players at policy and field levels. Uniqueness of the initiative lay in its including voices from the field, giving them space to express themselves freely as they shared their struggles and triumphs. Apart from members of various Commissions such as NCPCR, NCW and national institutions like NIHF, NIN, NHSRC and PHFI, the meeting was attended by experts, development partners, civil society groups, Panchayati Raj Institutions (PRIs) and Women's Self-Help Groups (SHGs).

Government representation was seen through the presence of Union Ministers, Deputy Chairman and Members of the Planning Commission, senior officials from the Prime Minister's Office and the Planning Commission, Secretaries of concerned Ministries at national and state levels (WCD, HFW, rural development, agriculture, food and civil supplies, elementary education, PRI, Information and Broadcasting) and field functionaries.

Design Methodology to Optimise Interaction and Outcomes

The retreat was designed not so much as an instructional workshop but as a participatory process wherein everyone, directly and indirectly connected with nutrition, was either presenting, sharing, brainstorming or outlining strategy. Team work was a strong component of the two-day deliberations, with different groups being assigned themes to enable them to discuss and present their thoughts and recommendations to a larger group.

Careful thought went into planning the retreat, with professional facilitation to ensure vibrant interaction and sharing of ideas. To ensure active participation, discussions were broken into two categories: what needed to be done and how it could be done.

Defining Feature of the Retreat: Giving Priority to Voices from the Field

Voices from the field included ANMs, ASHAs, AWWs, members of PRIs, women SHGs and community members from different states. Parallel to voices from the field were commitments made by policy leaders. For instance, suggestions for addressing maternal and child malnutrition included linking social and voluntary organisations and government programmes in tribal dominated and hilly areas; training frontline workers; involving PRI members and helping women panchayat members to turn into change leaders; involving women and mothers committees in ICDS; designing multisectoral interventions by spreading awareness and mobilising collective action on "how to" fight undernutrition; strengthening convergence, especially with health sector to improve access to primary healthcare, preventing infections and managing common neonatal and childhood illnesses that impacted nutrition; maintaining hygiene; improving agricultural productivity, dietary diversification and environment security; and improving access to household food security and environmental sanitation.

Group Work I: Sharing Ideas and Developing a Collaborative Approach

Participants were asked to brainstorm and draw a list of issues that made their work on nutrition positive (glads), negative (sads) and angry (mads). The purpose was to spell out successes, challenges, bottlenecks and gaps at the ground and policy level.

Under “Glads” they talked of introducing new schemes with greater focus on women and children with greater direct and visible impact; enhancing involvement and honorarium of AWWs and ASHAs; adopting a life cycle approach to child nutrition; involving multiple stakeholders; strengthening convergence of communities; universalising ICDS and NRHM; and increasing political will.

Under “Sads”, the group highlighted issues such as lack of convergence at higher levels of policy; delay in paying AWWs; insufficient unit cost of nutrition; inability to reach untapped population; low nutritional indicators; less trust in government run programmes; lack of parental participation; insufficient monitoring of ICDS; outcomes not being commensurate with inputs; weak infrastructure; poor involvement of community in planning and executing nutrition programmes; and limited resource allocation.

Under “Mads”, the group talked of corruption; poor governance and lack of accountability; inefficient implementation of schemes; poor convergence among departments; lack of motivation; skewed priorities and allocation of resources; high anaemia and children being denied their right to food, nutrition and care; low follow-up on pregnant women; and many strikes/hartals.

Group Work II: Identifying specifically, what needs to be done

Seven groups were formed and each given a theme for discussion, outlining gaps and drawing up recommendations on “what” needed to be done. The themes were:

- Household Food Security and Livelihoods
- Women and Child Care Services
- Healthcare and Services
- Water, Environmental Sanitation and Hygiene
- Infant and Young Child Caring and Feeding Practices
- Capacity Development and Community Processes
- Nutrition Policy, Planning and Surveillance

Once gaps were identified, how to address them: After consensus was achieved on “what” needed to be done, different strategies and institutional mechanisms were identified for effective implementation through a collaborative and consultative process. Groups voted on “how” India’s nutrition challenges would be addressed.

1. Household Food Security and Livelihoods: Promoting agricultural policies and research to protect land and water resources; improving storage facilities in food deficient regions; addressing hidden hunger; improving efficiency and effectiveness in National Rural Employment Guarantee Scheme; promoting non-farm businesses and micro-enterprises; providing free food for destitute and needy; encouraging women’s participation in intra-household food

security; and engaging PRIs and SHGs to address women's participations in food and nutrition.

2. Maternal and Child Care Services: Having additional childcare centres for working mothers; increasing household visits by AWWs, ASHAs and nutrition workers; focusing on early breastfeeding and complementary feeding practices; focusing on under-2s; conducting informative meetings with fathers and mothers; having regular village meetings on health and nutrition; providing adolescent girls with information on nutrition, IFA supplements and sanitation; making AWCs mother and child development centres, rewarding panchayats and districts that reduced malnutrition; making District Collector responsible for creating a convergent action plan for the district; using ICT for effective communication and reporting; implementing community level third party monitoring of services; providing greater focus to high-burden districts; making District Actions Plans for nutrition mandatory; and getting the state to select high-priority districts.

3. Healthcare and Services: Using weighing scales at grassroots level to ensure regular growth monitoring; identifying cases of severe malnourishment; introducing malnutrition treatment centres in states where they do not exist; synchronising Malnutrition Treatment Centre/Nutrition Rehabilitation Centre parameters; maintaining growth monitoring records; stepping up IEC and disseminating information on VHSC and VHND; hiring nutrition experts at block level in states where the intergenerational cycle of malnutrition needs to be addressed; reviewing and following-up condition of severely malnourished children; coordinating efforts of health workers; minimising differences in agendas of departments; having regional planning at district level; identifying problems based on five-year plans; and specifying roles of workers at grassroots level.

4. Water, Environmental Sanitation and Hygiene: Addressing problem of safe drinking water; building proper toilets; providing water access to AWCs for cleaning; allocating funds for maintaining centres; constructing dry toilets in areas with low water tables; making water testing kits available; chlorinating water; encouraging use of low cost filters; discouraging keeping cattle in toilets; coordinating efforts of solid and liquid waste management; and creating platform for convergence of all flagship programmes.

5. Maternal, Infant and Young Child Caring and Feeding Practices: Encouraging early initiation and exclusive breastfeeding for the first six months; making maternity benefit schemes available to all women; providing childcare services under MGNREGS; imparting intensive skilled counselling to husband and mother-in-law to address cultural practices that may prevent the mother from ensuring optimal nutrition and care; providing additional resources to AWCs and appointing dedicated village nutrition worker at every AWC; informing people of laws and regulations; and launching block level campaign on exclusive breastfeeding of infants for the first six months of life.

6. Capacity Development and Community Processes: Recognising ASHAs for their work, and providing them with information and training; involving community; empowering SHGs and getting them to work as social auditors; getting PRIs to dedicate themselves to planning, and providing supportive supervision on nutrition and child health; holding monthly public meetings on health and nutrition at various levels; increasing involvement of home science colleges, NGOs and

community medicine departments to undertake action research; launching toll-free helpline on nutrition.

7. Nutrition Policy, Planning and Surveillance: Revising Nutrition Policy; setting up independent department of nutrition at the state and centre; empowering communities on priority; adopting a life cycle approach; developing coordinated, multisectoral strategy to integrate all nutrition related programmes and having them in mission mode; installing independent monitoring mechanism; decentralising nutrition programmes; assigning responsibility for implementing and monitoring community groups; involving technical, professional and academic research institutions in planning process; and having an effective nationwide surveillance mechanism.

Moving from “What” Needs to be Done to “How”

Group work of 7 August was synthesised and followed-up with a multi-voting prioritisation exercise, to develop consensus on strategy options for subsequent discussion by groups on ‘how’ to move forward.

Group Work on Day 2 was more advanced, with participants thinking of nutrition more comprehensively. Divided into seven groups based on group composition of Day 1, they brainstormed and presented their recommendations on the following themes:

- National Child Malnutrition Prevention and Reduction Programme
- Panchayat-led Models
- Conditional Cash Transfers
- ICDS Restructuring
- Nutrition Counselling Service Model
- Institutional Arrangements at National/State/District/Local Levels
- Nutrition Data Collection, Mapping and Surveillance

- 1. National Child Malnutrition Prevention and Reduction Programme:** Launch a multisectoral programme in mission mode, focusing on children under two years, pregnant and lactating mothers, with a national interministerial empowered executive body; prioritise nutrition at all levels; ensure convergent action among participating departments; build ownership of the programme; and use a rights-based approach.
- 2. Panchayat-led Models:** Empower panchayats with regard to nutrition programmes; involve them in communication strategies for bringing about behaviour change; set up an institution at the block level for capacity building, data collection and monitoring; promote village health and nutrition committees; and have an independent institution to collect data and have a proper MIS to ensure monitoring.
- 3. Conditional Cash Transfers:** Progressively universalise schemes for adolescent girls and conditional maternity benefits, pilot and develop a model to implement CCTs in order to improve nutrition status of adolescent girls, pregnant women and lactating mothers.
- 4. ICDS Strengthening and Restructuring:** ICDS in mission mode with flexibility in implementation; convergence at all levels; more resources for ICDS; provide additional worker at AWC to focus on reaching under threes in community, a separate department for WCD in states; redefine the role of AWW; and push for better service delivery.

5. **Nutrition Counselling Service Model:** Provide one village level nutrition counsellor/additional AWW for every 1,000 persons or as per ICDS norms; appoint a supervisor for every 20 village counsellors; form a multisectoral team under DM; involve medical colleges and institutes; and make additional financial resources available.
6. **Institutional Arrangements at National/State/District/Local Levels:** Create an empowered department of nutrition within MoHFW or MoWCD; set up a similar structure at the state level; make arrangements for advocacy, awareness and counselling; avoid duplication of duties; and place interventions such as SNP in the hands of trained and empowered local women.
7. **Nutrition Data Collection, Mapping and Surveillance:** Prioritise monitoring and surveillance; strengthen existing data collection systems; link ICDS to MGNREGA and upcoming National Food Security Act; expand annual health and nutrition surveys to cover all districts and age groups; and link proposed UID system to ICDS nutritional surveillance programmes.

Group work was synthesised and followed-up with a multi-voting prioritisation exercise, to develop consensus on strategy options for implementation.

Summing Up and Way Forward

The Chief Guest Dr. Montek Singh Ahluwalia, Deputy Chairman of the Planning Commission along with dignitaries Dr. Syeda Hameed, Member, Planning Commission, Professor Abhijit Sen, Member, Planning Commission, Ms. Sujatha Rao, Secretary, Ministry of Health and Family Welfare and Mr. D. K. Sikri, Secretary, Ministry of Women and Child Development shared their views and made note of the recommendations shared by the participants. These included: establishing a National Institutional Arrangement for Prevention and Reduction of Child Malnutrition; restructuring ICDS; developing panchayat and urban local body-led models; strengthening nutrition counselling; introducing and popularising cash transfers; conducting nutrition monitoring and surveillance. Feedback was shared by field functionaries and community members from different states, highlighting learnings and positive experiences from the Retreat. The meeting concluded with the closing observation from Dr. Syeda Hameed, Member Planning Commission that the recommendations for action emerging from this consultative process would be placed for the consideration of the PM's National Council on India's Nutrition Challenges.

The retreat, apart from bringing all stakeholders on a common platform to discuss challenges and deterrents in pursuing nutrition goals and outlining next steps to combat these, helped create a sense of ownership towards a common goal, and generated a consensus for moving forward. Importance of dialogue was emphasised with there being a need for following a democratic process that factored in all voices in a fair and equitable manner. Efforts such as organising the Retreat would play a significant role in helping devise and streamline a viable strategy that can help achieve nutrition targets aligned with national goals, priorities and timelines.

II. Background

India faces a development paradox - of being in the front ranks of fast growing global economies, with vibrant economic growth rates and in stark contrast - around one third of the world's undernourished children are found in India.

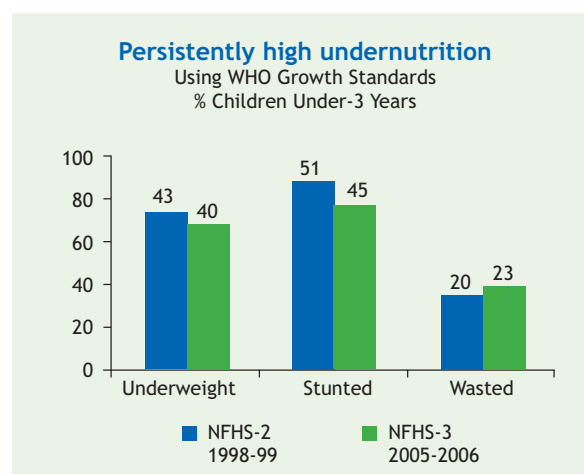
The above development paradox persists in spite of strong Constitutional, legislative policy, plan and programme commitments that address the multi-dimensional nature of the nutrition challenge. Various national programmes that contribute to improved nutrition outcomes include the Integrated Child Development Services, National Rural Health Mission including Janani Suraksha Yojana, Total Sanitation Campaign, National Rural Drinking Water Programme, Mid Day Meals Scheme, Targeted Public Distribution System, National Horticulture Mission, Mahatma Gandhi National Rural Employment Guarantee Scheme, National Food Security Mission and National Rural Livelihoods Mission among others.

Vicious cycle of undernutrition, disease/infections and mortality: Maternal and Child Undernutrition is the attributable cause of more than one third of the mortality of children under five years (LANCET 2008), many of which are preventable through effective nutrition interventions operating at scale. Stunting, severe wasting and intrauterine growth restriction represent the largest attributable risk factors for deaths in children under 5 years old. Around two thirds of undernutrition related deaths are related to inappropriate caring and Infant and Young Child Feeding practices, and occur in the first year of life.

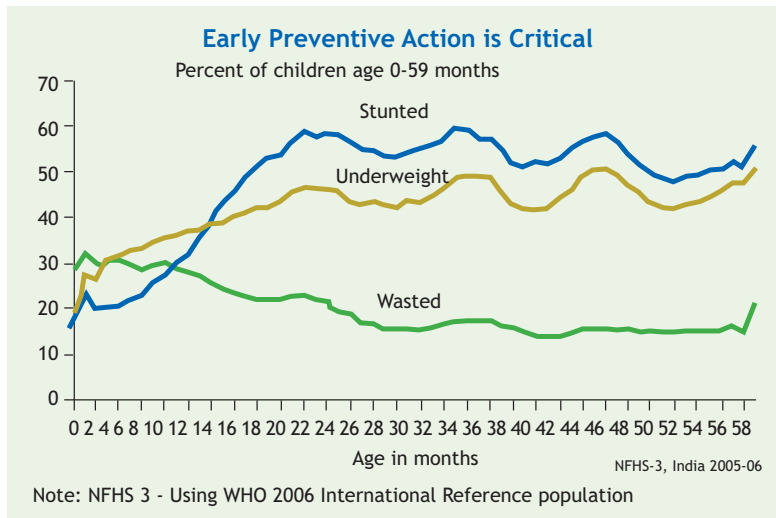
Preventive early action is critical: In India, annually, it is estimated that about 1.83 million children die before completing their fifth birthday. Currently the mortality rate in children under 5 years is 69, 50 out of 1000 infants die in the first year of life and 39 out of 1000 in the first month of life (Sample Registration System (SRS) Bulletin 2011). Current trends highlight the need to accelerate reductions in neonatal mortality as this constitutes nearly two thirds of infant mortality and around half of under-5 child mortality.

In India, undernutrition levels remain persistently and unacceptably high - especially in utero and in the first two years of life, in adolescent girls and in women across the life cycle, in disadvantaged/excluded community groups and those living in areas or conditions of nutritional vulnerability.

Maternal and Child Undernutrition: Every third woman in India is undernourished (35.6 % with low Body Mass Index) and every second woman is anaemic (55.3%). This intergenerational cycle of undernutrition is perpetuated, with high incidence of babies born with low birth weight (22 %), more susceptible to infections,



Note: Using WHO 2006 International Reference Population



more likely to experience growth failure, reflected in high levels of child undernutrition and anaemia. Nearly every second young child in India today is undernourished- underweight (42.5 % of children under five years) or stunted (48 % of children under five years) and 19.8 % are wasted.

Infant and Young Child Feeding practices remain sub optimal- early initiation of breastfeeding within 1 hour is 25 % (NFHS 3), 40.6 % as per DLHS 3. Only 46 percent of infants younger than six months are exclusively breastfed, and at the completion of 6 months, only

28% are exclusively breastfed (NFHS 3 -2005-06). There has been an increase in introduction of complementary feeding in children 6-9 months from 33 % to 55 % between NFHS 2 and 3, which can be used to build further improvements in young child feeding.

Anaemia in young children, adolescent girls and women across the life cycle, is also reflected in that three out of four young children are anaemic (79%) and anaemia prevalence in young children, under 3 years has increased from 74 % to 79% between NFHS 2-1998-99 & NFHS 3-2005-06.

The girl child goes on to become an undernourished and anaemic adolescent girl, often deprived of adequate health care and nutritional support, educational opportunities, denied her right to be a child- married too early, with early child bearing, inadequate inter pregnancy recoupment. This perpetuates a vicious cycle of undernutrition and morbidity that erodes human capital through irreversible and intergenerational effects on cognitive and physical development.

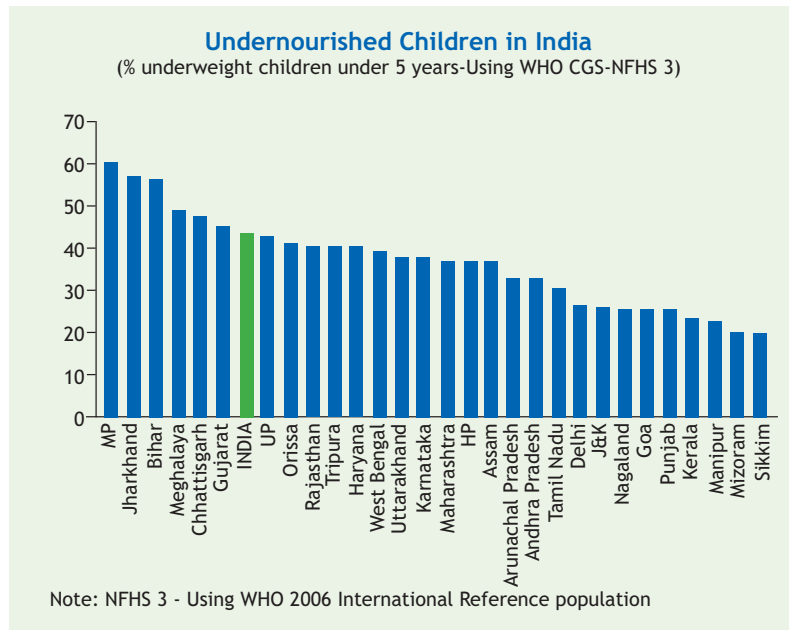
This intergenerational cycle of undernutrition is accentuated by multiple deprivations related to gender discrimination, poverty and exclusion.

High levels of undernutrition persist: Improvements over successive plan periods have been inadequate, with a decrease of less than 0.5 percentage points per year in underweight prevalence in children under 3 years between 1998-99 and 2005-06. The reduction of nearly 1 percentage point per year in stunting rates in the same period (NFHS 2,3) is indicative of the possibilities of ensuring long term improvements in nutrition status. Another finding from NFHS 2,3 is that there has been deterioration in child nutrition status in states such as Madhya Pradesh, Jharkhand, Bihar, Gujarat and Meghalaya.

Micronutrient Deficiencies, i.e. deficiencies of key vitamins and minerals such as Vitamin A, Iron, Iodine and also zinc continue to coexist with protein and energy deficits and need to be addressed synergistically, through a multi-pronged approach.

The prevention and management of common neonatal and childhood illnesses and adequate care and referral of severely undernourished and sick children also remains a challenge.

Wide disparities in nutrition status exist across and within states, districts and different community groups. For instance, underweight prevalence in children under 5 years from Scheduled tribe communities was as high as 54.5%, compared to the national average of 42.5%, and 33.7 % in other communities (NFHS 3-2005-06). NFHS data also suggests that India is in the process of nutrition transition, where the dual burden of malnutrition - i.e. overnutrition and undernutrition is beginning to be seen in some groups.



Therefore, preventive early action - prenatally, in the neonatal period, early infancy- in the first hour, day, week, month, and in the first two years of life is critical for addressing a vicious cycle of undernutrition, disease/infections, related mortality and risks to maternal and child survival and development.

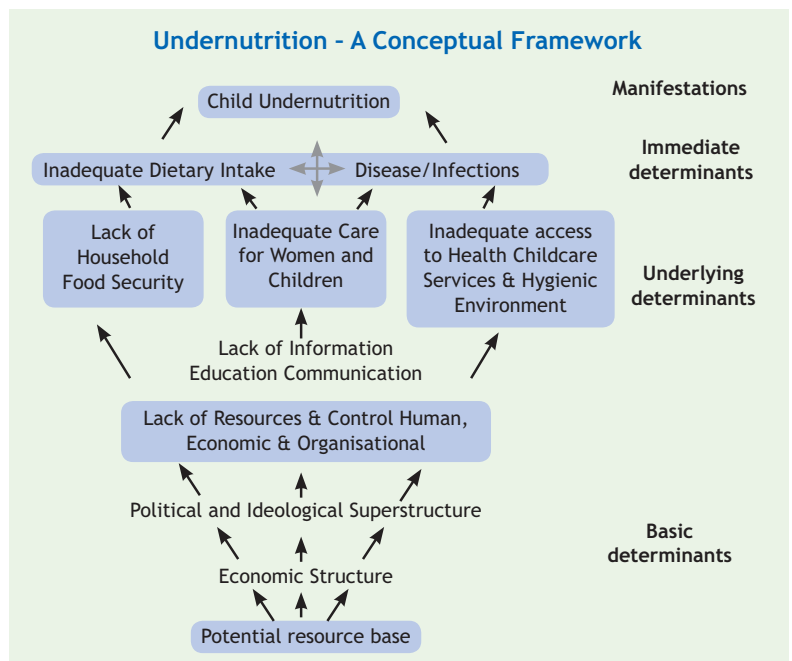
Determinants of Undernutrition: Undernutrition is the outcome of insufficient dietary intake, absorption and inadequate prevention and management of disease/infections.

Underlying causes include the lack of access to health and child care services and hygienic environments, lack of access to household food security and livelihoods, and inadequate caring and feeding practices for children and women. Basic determinants include poverty, agriculture, public distribution systems, water and environmental sanitation, education and communication, control and use of resources (human, economic, natural), shaped by the macro socio-economic and political environment.

Multisectoral Interventions needed: To address the multi- dimensional nutrition challenges being faced in India - especially by the most critical, vulnerable and excluded community groups - comprehensive multisectoral interventions and redesigned institutional arrangements are needed.

The Eleventh Plan Monitorable Targets

The Eleventh Five Year Plan positions the development of children at its centre and recognises nutrition as critical for ensuring the health, survival and development of children and women, towards more inclusive growth.



It accords high priority to addressing maternal and child undernutrition through multisectoral interventions by different sectors.

The Eleventh Five Year Plan and its Mid Term Appraisal, presented to the National Development Council on 24 July 2010, provide the vision, objectives and monitorable targets for the strategy to address India's Nutrition Challenges.

The objectives of the Strategy to address India's Nutrition Challenges, as defined in the Eleventh Plan Monitorable Targets, are as follows:

- Reduce malnutrition among children (underweight prevalence) in the age group 0-3 years to half its present level, by the end of the Eleventh Plan.
- Reduce anaemia among women and girls by 50% by the end of the Eleventh Plan.

The Mid Term Appraisal of the Eleventh Plan, presented to the National Development Council on 24 July 2010, clearly highlights the need to accelerate action to prevent and reduce maternal and child undernutrition, as early as possible, across the life cycle. It also calls for policy reform and ICDS restructuring.

III. Introduction



In this perspective, the highest priority is being accorded to combating malnutrition, through concerted multisectoral action to address the immediate, underlying and basic determinants of undernutrition. Meetings were held by the Prime Minister's Office and the Planning Commission with the ministries of Women and Child Development (MoWCD) as well as Health and Family Welfare (MoHFW), to formulate a joint Strategy Note and evolve action recommendations to be placed for consideration of the PM's National Council on India's Nutrition Challenges.

It was also decided that a Multistakeholder Retreat on Addressing India's Nutrition Challenges would be organised by the Planning Commission, to evolve a Framework for a multisectoral National Plan of Action to prevent and reduce undernutrition- especially maternal and child undernutrition in India, in a time bound manner, with clearly articulated commitments of different stakeholders. It was agreed that the joint Strategy Note evolved by both ministries would be used to facilitate group work at the Retreat, with further ideas for action emerging from this consultative process. The joint strategy note was shared with different sectors in June 2010 and their suggestions and inputs were incorporated by a core group, to enrich the same. The suggested emphasis was on defining how institutional reform would take place at the village level, recognising that there were major implementation gaps in the national programmes, delivering nutrition related interventions.

The joint strategy note was shared with different sectors in June 2010 and their suggestions and inputs were incorporated by a core group, to enrich the same.

Developing a Joint Strategy Note

The MoWCD in consultation with the MoHFW drafted a joint strategy paper on tackling India's nutrition challenges prior to the retreat which was further refined through inputs from other sectors, experts and consultations, especially through interaction at the retreat. While outlining the conceptual framework designed for better child nutrition outcomes, which took into account basic, underlying and immediate determinants of malnutrition, there were reasons like the prevalence of common diseases and infections, lack of access to healthcare, unhygienic environments and sub-optimal maternal and child caring practices which contributed to child under nutrition.

It was emphasised that the continuum of care could be strengthened through a childcare and development-based approach. Also, household food security and livelihoods could be enhanced by increasing food supplementation programmes and linking them to the proposed National Food Security Act. More importantly, ICDS strengthening and restructuring had to be a priority. There was need for additional AWW as nutrition counsellor. Convergence at all levels (joint Mother and Child Protection Card as an entitlement tool), joint training and capacity building of workers and resource centres, constructing nutrition centres, using ICT and instituting strong regulatory mechanisms were also suggested. A Policy Coordination and Support Unit within the Planning Commission was recommended to support policy alignment across sectors and states, helping position nutrition centrally in development plans and programmes while coordinating third party evaluations.

Design and Leadership teams were constituted in June 2010, to facilitate the Multistakeholder Retreat - from inception and design to culmination in recommendations for action, to be synthesised and placed before the PM's National Council on India's Nutrition Challenges. The Design team constituted a representative sample of the multiple stakeholders who participated in the retreat, to help ensure that the design and organisation of the retreat responded to different stakeholder perspectives. The Leadership team provided the vision and leadership that guided this initiative and is critical for its conceptualisation, multisectoral implementation and effective impact.

Several consultations were also organised by the Ministry of Women and Child Development, including the Conference of State Ministers/State Secretaries in Charge of WCD (16-17 June 2010), Consultative Committee of Parliament on Malnutrition in Women and Children (25 June 2010), and a Consultation with young Members of Parliament (28 July 2010). The recommendations from these consultations further enriched the joint strategy note, which facilitated the deliberations of the Multistakeholder Retreat.

The recommendations of the draft Mid Term Appraisal of the Eleventh Plan, presented to the National Development Council on 24 July 2010, and the findings of the interim report of the NCAER ICDS Evaluation study provided valuable insights, enriching and reinforcing strategic options for institutional reform.

The Multistakeholder Retreat

The Multistakeholder Retreat on Addressing India's Nutrition Challenges was subsequently organised by the Planning Commission in New Delhi on 7-8 August 2010. Over 200 participants from 16 states took part in the two-day consultation, which brought together representatives from different stakeholder groups.

The states that were represented include Andhra Pradesh, Assam, Bihar, Chhattisgarh, Delhi, Himachal Pradesh, Jharkhand, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Orissa, Rajasthan, Tamil Nadu, Uttar Pradesh and West Bengal.

Objectives of the Retreat

These were as follows:

- To prioritise key multisectoral interventions for accelerating action to urgently address India's nutrition challenges.
- To identify different strategy options and institutional mechanisms for effective implementation, building on the experiences of different stakeholders.
- To evolve a National Plan of Action for Nutrition Framework for combating undernutrition.
- To reaffirm commitment to action for addressing India's nutrition challenges.

Participants' Profile

These included a wide spectrum of stakeholders - the Deputy Chairman, Planning Commission, Union Minister of Tribal Affairs, Minister of State (Independent Charge) for Women and Child Development, Members of the Planning Commission, Secretaries of concerned Ministries from the Central and State governments, senior

officers of the Prime Minister's Office and the Planning Commission, members of the PM's National Council on India's Nutrition Challenges and other Commissions, civil society groups, experts, national institutions, field functionaries such as supervisors, ANMs, anganwadi workers, ASHAs, representatives of Panchayati Raj Institutions and Women's Self Help Groups, other community groups, converging diverse stakeholder perspectives.

Specifically, the stakeholder groups included:

- Union Ministers of key sectors, Deputy Chairman and Members of the Planning Commission
- Senior Officials from the Planning Commission
- Senior Officials from the Prime Minister's Office
- Secretaries and Senior Officials of concerned Ministries at national level:
 - Women and Child Development
 - Health and Family Welfare
 - Rural Development
 - Agriculture Food and Civil Supplies
 - Elementary Education
 - Panchayati Raj
 - Information and Broadcasting
- State Secretaries from major Ministries
 - Women and Child Development
 - Health and Family Welfare
 - Panchayati Raj
- National Commissions and Councils such as NCPCR, NCW
- National Institutions such as NIHF, NIN, NHSRC, PHFI
- Peoples' Representatives
- Civil society groups, voluntary agencies, Alliances and Networks
- Experts and professional bodies
- Development partners
- Representatives of field functionaries.
- Representatives of Panchayati Raj Institutions
- Representatives of community groups, women's groups, mother support groups
- Design team and facilitators

Methodology

The Retreat used Real Time Strategic Change methodologies, listening to the voices of stakeholders, small group dialogue, large group interaction, multi or open voting, preferred futuring and Visualisation of Participatory Programming (VIPP). The exhibition of state best practices, innovation, local materials and poster presentations by state teams facilitated interstate sharing and learning, while the use of local folk media, street theatre after Retreat sessions enabled a shared appreciation of different issues and local solutions in different state contexts.

“What”: On the first day of the Retreat, seven groups were formed. They discussed and identified gaps before making recommendations on “what” needed to be done on the following themes:

- Household Food Security and Livelihoods
- Women and Child Care Services
- Health Care and Services
- Water, Environmental Sanitation & Hygiene

- Infant and Young Child Caring and Feeding Practices
- Capacity Development and Community Processes
- Nutrition Policy, Planning and Surveillance

“How”: On the second day, based on consensus achieved over “what” needed to be done, different strategy options and institutional mechanisms for effective implementation were identified. They built on the experiences of different stakeholders. Groups voted on “how” India’s nutrition challenges would be addressed, with emphasis on changes envisaged for communities at the village level.

Principles of action were synthesised and major recommendations were prioritised and discussed by the different groups.

Outcomes

The Retreat evolved a Framework for a multisectoral National Plan of Action to prevent and reduce under-nutrition, especially maternal and child undernutrition, in India.

Spread over two days, key outcomes of the discussions were:

- Common understanding of multiple stakeholders on strategies for addressing India’s nutrition challenges.
- Key Recommendations for Action to address India’s Nutrition Challenges, especially maternal and child undernutrition.
- Renewed commitment of stakeholders to key actions within specified time frames.
- Consensus on the process for moving forward.

These have been detailed in Chapter V - Synthesis of Major Recommendations For Action.

Detailed proceedings of the Consultation have been documented to record the process through which consensus was created, the recommendations for action that emerged from this process and to facilitate sharing of information amongst all stakeholders.



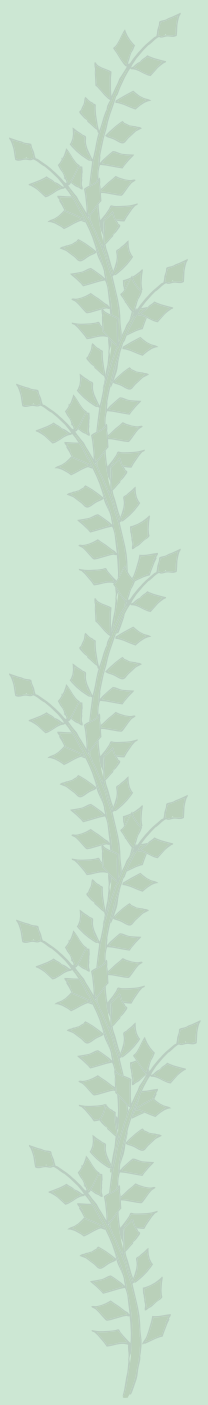
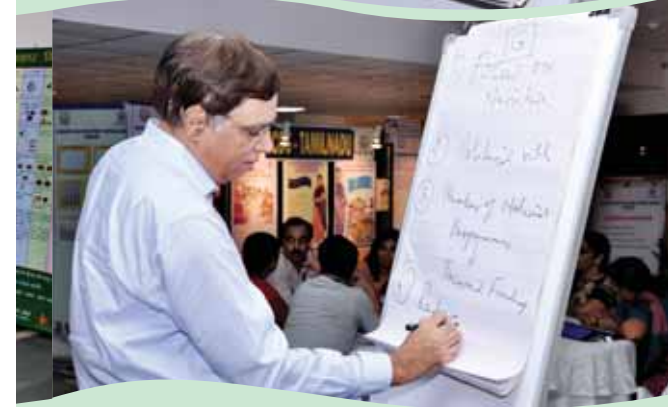
Day-1

7th August 2010



Glimpses of the Multistakeholder Retreat







IV. Proceedings of the Multistakeholder Retreat

The Retreat was initiated through informal interactions between state teams and other participants on 6th August, 2010, as teams worked together to put up an exhibition of training and communication materials from their states, showcasing innovative approaches, best practices and state initiatives. Poster presentations facilitated inter state sharing and learning, as well as dialogue around the key issues highlighted in the joint strategy note, shared earlier with participants of the Retreat. The use of local folk media by some state teams also provided insights into how culturally appropriate and responsive approaches contributed to improvements in caring and feeding practices for children, girls and women. State teams also identified members who wished to share their experience in the opening session the next day.

The use of local folk media by some state teams also provided insights into how culturally appropriate and responsive approaches contributed to improvements in caring and feeding practices for children, girls and women.

7 August 2010

Session I: Inaugural Session

The Retreat started with participants greeting the key speakers of the inaugural session. The dignitaries present on the dais were welcomed by the state representatives with bouquets.

Mr. Kantilal Bhuria, Union Minister of Tribal Affairs was welcomed by Ms. Amravati Sharma, AWW, Solan district, Himachal Pradesh; Ms. Krishna Tirath, Minister of State (Independent Charge) for Women and Child Development by Ms. Aruna Sharma, ASHA, Amer district, Rajasthan; Mr. Arun Maira, Member Planning Commission by Ms. Baphira Kharbuli, SHG Member, Shillong, Meghalaya; Mr. D. K. Sikri, Secretary, MoWCD by Ms. Mumthas, Block Panchayat member, Malappuram, Kerala; Ms. Sudha Pillai, Member Secretary, Planning Commission by Ms. Ashima Gope, ANM, Uttar Dinajpur district, West Bengal; Dr. Syeda Hameed, Member Planning Commission by Ms. Shobha Rani Karan, AWW, Patna district, Bihar; and Ms. Vandana K. Jena, Senior Adviser, Women and Child Development and Voluntary Action Cell in the Planning Commission by Ms. Mumthas. Following this, the inaugural lamp was lit by Mr. Kantilal Bhuria and Ms. Krishna Tirath along with other dignitaries and the state representatives who had presented the bouquets, signifying a joint commitment to action.



The inaugural session then began with a welcome address by **Ms. Vandana K. Jena**, Senior Adviser, Women and Child Development and Voluntary Action Cell, in the Planning Commission. After welcoming the participants, Ms. Jena elaborated on the purpose of the retreat, stating the following four key objectives:

- Prioritise key multisectoral interventions for accelerating action to urgently address India's nutrition challenges.

- Identify different strategy options and institutional mechanisms for effective implementation, building on the experiences of different stakeholders.
- Evolve a National Plan of Action for Nutrition Framework for combating under-nutrition.
- Reaffirm commitment to action for addressing India's nutrition challenges.

Ms. Jena especially welcomed the ANMs, ASHAs, Anganwadi Workers (AWWs), members of Panchayati Raj institutions, women's SHG groups and community members from different states who were participating in the retreat. She emphasised that their voices and rich field experience would bring valuable insights for addressing India's nutrition challenges. She said successful models and best practices had been documented and poster presentations had also been exhibited and shared. She then invited some of the community representatives and field functionaries to share their perspectives.

1.1 Voices from the Field

Ms. Archana Jangid, member of a Self Help Group (SHG) in Chembur block of Jaipur in Rajasthan spoke of '*Kaleva Yojana*,' a programme initiated by a SHG, which provides milk, biscuits and porridge as breakfast to women. She highlighted how earlier, women returned home few hours post delivery without partaking of any food in the hospital, leading to their weakness, low resistance and vulnerability to illness. However, now they are given nutritious food and



medical care for 48 hours after delivery, as well as counselling on early initiation (within one hour of birth) and exclusive breastfeeding for the first six months of life and optimal childcare practices. Also, the mother and the child are both given thorough health check-ups before being released. Staying in the hospital ensures early initiation and colostrum feeding, which is ideal nutrition for the baby, and is like the child's first immunisation, protecting her/him from illness. It is also a rich source of Vitamin A. It fosters mother child bonding and healthy child development. She suggested that this approach should be extended in other states also.

“Nowadays, mothers are given food and proper medical care for 48 hours after delivery, and are also given guidance on promoting and supporting optimal breastfeeding and childcare practices.”

Archana Jangid, SHG member, Chembur block, Rajasthan

Ms. Dinesh Sharma, an AWW also from Rajasthan, highlighted a programme under which they provided nutritious food like soyabean and wheat to prevent undernourishment in mothers and children. Every child was also weighed and the weight was regularly monitored on a growth card given to the mother, with counselling for improving key care behaviours. This regular monitoring and promotion of young child growth and development helped prevent undernutrition in infancy itself, contributing to reducing Infant Mortality Rate (IMR). She expressed the view that early prevention must be emphasised to tackle this problem effectively- so that children do not suffer.

Ms. Ranju Devi, ASHA from Sariahat Block, Dumka District, Jharkhand informed that, under NRHM, her main role was to bring health facilities to the family/

community, provide DOTS services, organise meetings, carry out NSV and help reduce overall IMR and MMR. Her duties included advising women and adolescent girls on nutrition, and motivating young girls to become healthy by providing information about IFA tablets, green leafy vegetables and nutritious food. She highlighted the need for an integrated strategy for health and nutrition, in a life cycle approach that includes adolescent girls.

Ms. Chhaya Jadhav, ASHA from Thane District, Maharashtra, talked about how before she became an ASHA, women used to deliver their babies at home, but now thanks to NRHM and her interventions, they are opting for institutional deliveries, whereby both the mother and child receive proper care. The mothers also receive honoraria through the Janani Suraksha Yojana (JSY) scheme, which is a boon in the tribal-dominated village where the average income of a household is Rs. 40-50 a day. She highlighted the need for maternity benefits to ensure better post natal care and optimal breastfeeding and care of the infant.



“Before I became an ASHA, women used to deliver their babies at home, but now I ensure that they undergo only institutional deliveries, whereby both the mother and the child can receive proper care. Moreover, the mothers also receive honorarium under the Janani Suraksha Yojana.”

Chhaya Jadhav, ASHA, Nadora village, Palgarh, Thane District, Maharashtra

Mr. Sachin Baghel, member of a Zilla Parishad in Chhattisgarh, spoke about how India has made tremendous progress in various sectors, but continues to lag in the field of nutrition, where change is needed to address implementation gaps. He said that since independence, numerous schemes had been launched, but few were sustained. Since 2002, various steps had been taken such as the ‘Nutrition Health Day’ celebrated every Monday, which had yielded positive results. The attempts to eradicate undernutrition continue despite development challenges in areas affected by extremism, and the absence of basic infrastructure like AWCs and schools. He called upon panchayati raj members to show greater concern and involvement in the area of women and child development -including nutrition. He was glad that the subject of undernutrition was being taken up now and he urged panchayats to respond with enthusiasm to this clarion call for malnutrition free panchayats.



1.2 Concerns and Commitments by Policy Leaders

Mr. Kantilal Bhuria, Union Minister of Tribal Affairs, then addressed the gathering, emphasising the need for nutrition to be seen as a critical development imperative, especially for the most excluded and vulnerable tribal community groups. He appreciated this initiative of the Planning Commission in bringing together such a diverse group of voices from the field. He stated that the multistakeholder retreat demonstrated the government’s commitment to listen to the experiences of the grassroots workers and the communities for whom the programmes were designed. He reiterated that undernutrition is a major problem in India, and that IMR and



MMR levels have failed to go down sufficiently, despite the widespread presence of NRHM, ICDS, and other programmes. He highlighted the need for improving the quality of delivery of public services, with greater transparency and accountability, emphasising grass roots level monitoring. ICDS does not focus adequately on children under three years of age, he stated, whereas this is the most crucial and vulnerable period for their survival and development. Also, NFHS-3 data revealed that the majority of children afflicted with undernutrition reside in states with significant concentration of tribal population- Madhya Pradesh, Jharkhand, Bihar, Chhattisgarh, Orissa, West Bengal and Maharashtra. He made a few key suggestions on

tackling maternal and child undernutrition:

- Link social and voluntary organisations and government programmes in tribal dominated and hilly areas, for effective capacity development.
- Impart training to frontline workers to enhance awareness among people and to bring about motivation for change.
- Link panchayati raj members to the entire gamut of processes and empower them for action, especially women panchayat members, who can become change leaders.
- Involve women and mothers' committees in the ICDS programme, especially since they are key stakeholders, committed to the best interests of children. They can be empowered not only to demand quality services, but also to improve the quality of services, and support community based monitoring of services and the use of funds for such programmes.

He concluded by saying that children are the future of the country, and that the achievement of major development goals begins with children. Faith and trust must be maintained in programmes that touch their lives- with empowered local governance mechanisms which listen to the voices of the most excluded. New schemes being brought in a life cycle approach such as those for adolescent girls and maternity support must be designed to complement and enrich existing schemes. Emphasis is needed on village level implementation, to ensure that change takes place and child related survival, growth, development and early learning outcomes are visible.



Ms. Krishna Tirath, Minister of State (Independent Charge) for Woman and Child Development (MoWCD) spoke about preventing the intergenerational cycle of maternal and child undernutrition, stating that this is the foundation for India's human development and inclusive growth. Women and children constitute 70% of India's population -and they shape both the present and the future of India's development. She stressed the need to involve everyone, especially grassroots level workers, in combating undernutrition, appreciating that in this retreat, their participation was significant. She then shared the outcome of a series of consultations held by the Ministry of WCD with State WCD Ministers and, Secretaries,

the Consultative Committee of Parliament and young MPs on nutrition, which highlighted the need for multisectoral State/District Nutrition Action plans, especially in states/districts with very high levels of maternal and child undernutrition. She emphasised that multisectoral interventions are needed for addressing undernutrition, highlighting the following recommendations:

- Spread awareness and mobilise collective action on “how to” fight undernutrition, with all ministries joining hands in this regard.
- Strengthen convergence, especially with the health sector to improve access to primary health care, including the prevention of infections, and the management of common neonatal and childhood illnesses, impacting upon nutrition.
- Maintain clean, hygienic and healthy environments and reduce hazardous processes.
- Improve agricultural productivity, dietary diversification and environment security, thereby improving access to adequate household food security and environmental sanitation.

She reiterated that the ICDS programme was designed as a unique community based outreach programme, addressing the interrelated needs of children under six years, pregnant and breastfeeding mothers through integrated services for health, nutritional support and early learning. ICDS is not just a feeding or nutrition programme - it is a comprehensive programme for the holistic development of children. Several services are specifically designed for pregnant and lactating mothers and children under three years, such as supplementary nutrition, Take Home Rations (THRs), growth monitoring and promotion, immunisation, health check ups and referrals, IFA supplementation, nutrition and health education, including on optimal infant and young child caring and feeding practices. However implementation strategies need to be strengthened to reach the most vulnerable and the most unreached.

She then highlighted the details of the new scheme that is being launched, the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls - SABLA in 200 districts, addressing undernutrition and anaemia in out of school adolescent girls, and promoting their self development and empowerment. In addition to supplementary nutritional support, IFA supplementation, health check ups, awareness creation, services include life skills and vocational skills; mainstreaming out of school AGs into formal/non formal education; and providing information/guidance about existing public services.

She indicated that another scheme providing maternity benefits and support for early and exclusive breastfeeding of infants for the first six months of life is on the anvil. With the addition of both schemes, the lifecycle approach to addressing India’s nutrition challenges will be strengthened, as interventions will specifically focus on pregnancy, lactation, early infancy, under threes and adolescent girls. The involvement of ASHAs and ANMs in this regard and joint action with AWWs at field level would be essential.

She concluded by calling for strong multisectoral linkages, for instance with the health and rural development ministries by promoting tree plantation and promoting hygiene and cleanliness through continuous counselling and demonstrations, which would contribute in improving the health and nutrition of women, children and their communities.

Ms. Sudha Pillai, Member Secretary of the Planning Commission then highlighted a framework for a National Plan of Action for Nutrition. She said that if the problem of undernutrition continued, it would signify the denial of basic human rights, as undernutrition compromises brain development, depriving



children of the right to achieve full development potential. This is reflected in an intergenerational cycle of multiple deprivations - of poverty, exclusion, gender discrimination and undernutrition. She drew attention to the large proportion of the population working in the unorganised sector, who are not paid even minimum wages. Added to this is the neglect of their health, owing to illiteracy, social customs and unhygienic environments. This deprivation is also manifest in problems such as child labour, lack of education and undernutrition.

Certain segments of society require special care and services because of their vulnerabilities and deprived conditions. These include tribal villages and construction workers, whose life conditions cannot support optimal health, nutrition practices and realisation of development potential.

Ms. Pillai concluded therefore by stating that it is a right as well as a responsibility of all stakeholders to eradicate the problem of undernutrition, to ensure more inclusive growth and sustainable human development.



Dr. Syeda Hameed, Member of the Planning Commission summed up the session, saying that the Retreat had brought together a diverse pool of people from various fields and parts of the country, who were aware of the problem and also the possible solutions. She expressed the hope that with the help of the varied experiences of those present, major recommendations would emerge to help map concrete steps for the road ahead. She highlighted that the Prime Minister has accorded high priority to addressing this challenge and that the recommendations of the Retreat will be placed for the consideration of the PM's National Council on Addressing India's Nutrition Challenges, for evolving a road map for action.

She emphasised that the Retreat had been designed to encourage inclusion of a diverse spectrum of stakeholder groups such as policy leaders, programme managers, institutions, experts, grassroots functionaries, panchayati raj institutions and community members. The participatory process would help people learn from each other and to collectively formulate an actionable strategy to combat undernutrition. This consultation is also unique in that it brings together both the science and the practice, and focuses not just on what needs to be done -but on how this will be done. She then concluded the inaugural session, with a brief introduction to the participatory process envisaged for the Retreat.

Session II: Voices of Stakeholders

Session II was designed as an opportunity to listen to different stakeholders and structured to build cohesion across different stakeholder groups represented at each table. Each table represented a microcosm of the larger spectrum of stakeholders engaged in this process. This was designed to ensure that each stakeholder group could voice their concerns, listen to diverse groups and through dialogue come to a common understanding. This affinity process helped build a

common understanding of India's nutrition challenges and strategy elements for addressing them.

During this session, various stakeholders from different settings and levels of functioning spoke regarding the nutrition challenges from their perspective, within the different states, districts and villages they were representing. They highlighted the status of the nutrition programme within their own community, highlighting the successes and achievements as well as indicating the areas in need of improvement.

Mr. Anil Sachdeva, Founder and CEO of the School of Inspired Leadership (SOIL), introduced the session and in his capacity as a resource facilitator of the Retreat, urged everyone to “listen” and “absorb” different experiences, as a prelude to working collaboratively to come up with a set of recommendations and an action plan. This was also termed as the “breathing in” process, to enrich perspectives of individual stakeholder groups, by hearing from others. The cross section of stakeholder groups asked to present their views included programme functionaries from both health and ICDS, a district collector, handling multiple development sectors and a development partner, working intensively at field level.



Ms. B. Kamalangi, ICDS Supervisor, Gajapati district, Orissa said that malnutrition is a major challenge at the national as well as the state level. In Orissa, the Chief Minister's Relief Fund is being taken up extensively, and supplementary nutrition is made available through locally available foods and cereals. Importance is given to promoting early and exclusive breastfeeding for the first 6 months, with appropriate complementary feeding upon the completion of 6 months (along with continued breastfeeding for 2 years or beyond), with the Orissa Government providing technical assistance in this regard. Nutritional experts were consulted to design local and culture specific supplementary feeding options. However problems that they faced in the district included:

- Lack of awareness and involvement of women and PRIs
- Inadequate attention paid to malnutrition at panchayat level
- Inability of women to exercise reproductive rights and poor knowledge regarding birth spacing, which implies that early marriage and child bearing take a toll on maternal nutrition and birth outcomes
- Absence of clean drinking water; sanitation issues and poverty
- Disturbance due to presence of extremism in pockets
- Inadequate convergence between departments of health, PRI and WCD/ICDS

Ms. Kamalangi concluded by saying, “*Nutrition has to be on everybody's agenda, for there to be a visible reduction in undernutrition*”.

Ms. Aruna Sharma, ASHA from Amer District, Rajasthan shared her thoughts around problems related to the implementation of health and nutrition services, including the lack of sufficient vaccines, proper delivery facilities (even in her Primary Health Centre), and infrastructural issues such as transport and communication. She suggested that setting up private hospitals in closer proximity to the villages might be a solution.

Ms. Ashima Gope, an ANM from the Uttar Dinajpur District, West Bengal cited the need to have a healthy mother with a healthy baby for the overall health of the community. Highlighting several positive aspects of the nutrition movement such as convergence between health workers and services, with monthly meetings conducted on every third Saturday, she was of the opinion that greater involvement of PRIs is needed at the grassroots level, with a special focus on remote areas.

Special funds are being reserved for and provided to malnourished children. Also, mothers' meetings are held regularly, in which all frontline workers participate. Counselling is provided for adolescent girls, mothers, mothers-in-law, and husbands, with a focus on providing IFA supplements and spacing births. The number of institutional deliveries has increased under the JSY scheme and, although some women have dropped out of the programme, the numbers are being monitored. She concluded her talk by emphasising the need for community awareness and mobilisation regarding nutrition.

“The convergence between services and health workers is a positive aspect of the nutrition movement. There is also greater involvement of the PRIs at the grassroots level, with a special focus on remote areas.”

Ashima Gope, ANM, Raiganj, Uttar Dinajpur District, West Bengal



Mr. Mukesh Kumar, Executive Director, CARE India pointed out the three main problems which ICDS and NRHM had consistently faced in the past 15 years:

- There were many gaps in understanding malnutrition and undernutrition, which still remain unrecognised. Understanding the issue of nutrition turned into a debate and while a lot had been said about ‘*Poshan*’ (nutrition), ‘*Palan*’ (care) was conveniently forgotten. This too had to be everybody’s responsibility.
- There must be consensus on the age that should be the centre of focus, which is -9 to +2 (through pregnancy until the child is 2 years old).
- Many people have been excluded from nutrition programmes on account of social and cultural barriers. New ways of linking them (including those who drop out of the programme) must be found.

Positive outcomes of nutrition programmes include the increase in commitment towards providing supplementary nutritional support to different segments of the population, through government programmes and community participation. More state and region specific initiatives are needed. A constituency around nutrition involving AWWs, ANMs, ASHAs, mothers’ groups, civil societies and NGOs could be developed, as also close monitoring of activities undertaken.

Ms. P. Amudha, District Collector of Dharmapuri District in Tamil Nadu, focused on the progress made in the state and district, with IMR dropping from 42 in 2006 to 24 in 2010 and MMR also coming down. In spite of low literacy and education levels, health problems and child marriage, malnutrition had been reduced due to the following interventions:

- **Convergence at district level:** Work was allocated to various departments on

the basis of fund allocations; 750 AWCs now have drinking water supply and proper sanitation.

- **Maternity Benefit Scheme:** The mother receives Rs. 6000 in case of an institutional delivery. The money is given on the day of delivery, and enables improved nutrition and care of the mother, while supporting her in practising early and exclusive breastfeeding of the infant for the first six months- ideal nutrition for the baby. This scheme has led to a significant increase in institutional deliveries and exclusive breastfeeding rates.
- **Appointment of AWWs and Helpers:** The selection process is based on merit and is completely transparent, making all workers responsible and accountable. Paying AWWs (Rs. 5000) and helpers (Rs. 3000) along with a bonus or pension at retirement were motivators for reducing the IMR and MMR.



Ms. Amudha spoke about how child marriage was rampant in Dharmapuri district, where the average age difference between married couples was quite large. It was common to find girls of 16 married to men who were 35 years old. This led to health complications pertaining to early pregnancy, childbirth and delivery.

She suggested that there still remains a need for greater convergence and monitoring mechanisms, and improvements in nutrition outcomes could be accelerated if two AWWs were provided in each AW centre, as had also been done under TINP earlier. Work can be divided, with one AWW looking after centre based activities, focusing more on early learning for 3-6 year olds, and the other for family contact/counselling and prioritised home visiting, focusing on mothers and children under 3 years.

In sharing their experiences with one another, participants realised that they were not alone in facing problems and frustrations within the programme. Others too had encountered similar bottlenecks, while others had been successful, and by coming together, they could find ways of addressing some of these challenges. The resource facilitators' team then helped organise participants into groups to enable them to undertake a joint exercise and to present their findings to the larger group in the plenary session that followed.

Session III: Group Work - “Glads, Sads and Mads”

Participants were asked to brainstorm within their groups and draw up a list of issues that made their work on Nutrition positive (“glads”), negative (“sads”), and angry (“mads”). A comprehensive list based on their team work is presented below:

3.1 “Glads”

- Introducing new schemes with greater focus on women and children
- Schemes having direct and visible impact on health of children
- Enhancing involvement of AWWs and ASHAs to strengthen nutrition objectives



- Increasing honorarium of AWWs
- Getting AWW and helpers to work alongside women in select states
- Adopting Life Cycle Approach for child nutrition
- Getting multiple stakeholders to join hands to discuss nutrition
- Strengthening convergence of communities and stakeholders
- Universalising ICDS and NRHM
- Increasing political will to deal with malnutrition; increasing food ration programmes and institutional mechanisms
- AWW reaching over 14,00,000 households and providing delivery and childcare services in close proximity to villages
- Providing 100% immunisation at AWCs
- Seeing good results through Sarva Shiksha Abhiyan

3.2 “Sads”

- Lack of convergence at higher levels; in policy, delivery; in multiple sectors
- Delay in payments to AWWs
 - Insufficient unit cost of nutrition
 - Inability to reach untapped population
 - Consistently low nutritional indicators over the last 50 years
 - Low levels of trust in government run programmes
 - Lack of parental participation
 - Insufficient monitoring of ICDS
 - Target beneficiaries not getting required benefits
 - Outcomes not commensurate with inputs (efforts & funds)
 - Poor honorarium of AWWs & helpers
- Weak Infrastructure
- Disorganised involvement of community in planning & executing nutrition programmes
- Limited resource allocation



3.3 “Mads”

- Corruption, seen as funds allocated by government not reaching beneficiaries; food for children being used to make money; malpractice abounds in the food supply system
- Poor governance and lack of accountability
- Poor implementation of schemes
- Poor convergence among departments
- Lack of motivation
- Skewed priorities and allocation of resources
- High prevalence of malnutrition, high anaemia and children being denied their right to food, nutrition and care
- Low incentives to ASHA/AWW
- Low follow-up of pregnant women
- Many strikes/hartals

This exercise was conducted with the intention of getting all participants on the same wavelength. The brainstorming and discussion that preceded the listing

of clear pointers indicated what they encountered in the field. To that extent, it spelt out successes, challenges, bottlenecks and gaps at the ground level as also at the policy level. This discussion also subsequently enabled participants to take this perspective into their group work. But before they did that, they were apprised of the major themes and issues that were taken up while formulating the Joint Strategy Note prepared by the Ministries of Women and Child Development and Health and Family Welfare on Addressing India's Nutrition Challenges.

Session IV: Presentation of the Joint Strategy Note

The Ministry of Woman and Child Development, in consultation with the Ministry of Health and Family Welfare, had drafted a joint strategy paper on how to tackle India's nutrition challenges prior to the retreat, as a culmination of meetings held by the Prime Minister's Office and the Planning Commission with the Ministries of Women and Child Development, Health and Family Welfare, to accelerate action. It was agreed that the joint strategy note would be refined through inputs from other sectors, experts and other consultations. It was also decided that the updated synthesis/summary of this strategy note would be used to facilitate group work at the Retreat, with ideas for action emerging from listening to voices from the field - validating, refining or modifying the joint strategy note.

Dr. Shreeranjana, Joint Secretary, MoWCD, shared details of the strategy note, stating that nutrition is critical for overall health, development, productivity, and economic growth. The cost for treating malnutrition is 27 times the cost of preventing it and prevention, as early as possible is critical for achieving significant reductions in undernutrition levels. Currently, food security is not ensured in every household, and there is insufficient improvement in the situation of women and children. In spite of the inadequate outreach and provision of maternal and child care and health services, however, positive changes have taken place in areas where initiatives have been taken.



While outlining the conceptual framework designed for better child nutrition outcomes, which took into account the basic, underlying and immediate determinants of malnutrition, he cited factors such as the prevalence of common diseases and infections, lack of access to healthcare, unhygienic environments lack of access to household food security, sub optimal maternal and child caring practices, all of which contribute to child undernutrition. He emphasised three main challenges in accelerating nutrition action as follows:

- Reconciling scientific knowledge with the practice and implementation
- Understanding the complexity of the National Nutrition Policy
- Merging the diverse agendas, perspectives and interests of different stakeholders, while ensuring that this be free from the conflict of interest.

Evidence from the Lancet 2008 shows that, worldwide, maternal and child undernutrition is the underlying cause of more than a third of all deaths in children under five years. Since more than half of these deaths occur within the first two years of life, most nutrition programmes focus on the critical period from the commencement of pregnancy till the child is 24 months old. It would be most beneficial to focus on the prevention of malnutrition rather than its treatment,

concentrating on the critical early window of opportunity. Also, promoting early and exclusive breastfeeding in the first six months of life, and introducing appropriate complementary feeding after six months of age, along with continued breastfeeding for two years or beyond, is imperative.

The ICDS programme was begun in 1975, and by 2005 had reached about 75% of the country. After the Supreme Court directive in 2008-09, the programme has now been nearly universalised. The National Nutrition Policy was formulated in 1993, while the National Action Plan was created in 1995. All states were asked to make action plans and a plethora of governmental schemes have been introduced. All major schemes like ICDS, Reproductive Child Health (RCH), and NRHM have been expanded. Malnutrition can be eradicated within the next 5-10 years, but only if integrated multisectoral district-level plans are developed and implemented.

Strengthening the continuum of care through a childcare and development-based approach is integral to nutrition improvement. Other important focus areas would be improving household food security and livelihood and increasing food supplementation programmes, linked to the proposed National Food Security Act (NFSA). This should be enabled to promote a wider concept of household food and nutrition security, especially for children and women. Strengthening and restructuring ICDS is critical, to ensure implementation with quality in flexible mode through decentralised state/district plans of action. Unlike social sector flagship programmes such as NRHM, SSA, ICDS is the only programme that is currently not in mission mode. There is also an emerging need for an additional AWW in the centre as a nutrition counsellor, focusing on improving young child growth and development outcomes in children under three years of age. Other important interventions are providing universal access to health care, clean water and sanitation as a basic human right.

Convergence at all levels through steps such as having a joint Mother Child Protection card as an entitlement tool, joint training and capacity building of workers and resource centres, constructing AW centres, introducing use of ICT and instituting a strong regulatory mechanism were also suggested. A Policy Coordination and Support Unit within the Planning Commission was recommended to support policy alignment across sectors and states, help position nutrition centrally in development plans and programmes and coordinate third party evaluations.

Dr. Shreeranjana concluded by inviting his colleagues in the health ministry to supplement and share insights on the joint strategy note and recommendations for action.



Mr. Amarjeet Sinha, Joint Secretary, MoHFW, while commenting on the strategy note, said that several other countries had been more successful than India in fighting malnutrition. He urged participants to view the subject as a simple concept, and trust the frontline workers and support the devolution of powers and resources to local panchayats and village health committees. He suggested that groups of 4-5 local resource persons from the community be formed to promote changes from within the community. Currently, the Panchayat was the sole representative of the community and

it might be beneficial to create smaller, village/habitation-level organisations under the Panchayat leadership.

Other countries have fought malnutrition by a preventive and promotive public health approach -ensuring universal access to primary health care, safe drinking water and sanitation, and not necessarily by only focusing on treating the problem after it occurs and takes its toll. He emphasised that it is now time for the country to match its economic growth with equitable social development. Allocating more funds towards crafting effective public systems is one way of doing it, since currently investment in health, women and child development is not adequate for ensuring that normative standards are met. He outlined the main points that could contribute to an effective framework for public systems:

- Have a policy coordination unit for coordinating and ensuring convergence and accountability of all programmes.
- Encourage convergence at all levels in services related to health, nutrition, child care, water and sanitation: from village and block levels to district and national levels.
- Step up monitoring of nutrition interventions by linking various project implementation plans (ICDS, NRHM, TSC, MDM, ICT, broadcasting etc.).
- Have strong regulatory mechanisms in place and ensure institutional safeguards.
- Build capacities by adding resource centres and developing professionals, nutrition counsellors and members of the Voluntary Action Group (VAG).
- Increase flexibility and decentralisation of programmes and make them more results-focused.
- Restructure ICDS and prioritise care for newborns and infants in high-burden districts.

Session V: Group Work

The resource facilitators' team Mr. Anil Sachdeva, Founder and CEO of the School of Inspired Leadership (SOIL), and Ms. Deepika Shrivastava, Consultant Women and Child Development and Nutrition, Planning Commission then briefed participants about the next group work session. On the first day, 7 August 2010, group work was structured around “what” needs to be done in respect of the following major strategy themes-

- Household Food Security and Livelihoods
- Women and Child Care Services
- Health Care and Services
- Water, Environmental Sanitation & Hygiene
- Infant and Young Child Caring and Feeding practices
- Capacity Development and Community Processes
- Nutrition Policy, Planning and Surveillance

Ms. Shrivastava explained the suggested terms of reference for the seven groups, as provided to all participants, highlighting that these had incorporated ideas coming out of preceding sessions, and were indicative and not prescriptive in nature. Groups could also add/modify the same as needed, during the course of group work. Participants were divided into these seven groups,



while ensuring that each group had a mix of different stakeholders and some members who have expertise and experience in that theme, to facilitate the dialogue.

Seven groups worked intensively on the identified themes, using the indicative terms of reference provided, to facilitate discussion. The detailed Terms of Reference of each of the seven working groups on 7 August 2010 on “What needs to be done” are provided in Annexure 3.

Groups were asked to recommend what needs to be done to address nutrition challenges in India, and focus on five key ideas that can make a major difference. The brainstorming session lasted for one and a half hours, following which the groups summarised and presented their key recommendations. These were discussed in the plenary, with suggestions to modify/add comments coming from the others.

Group I: Household Food Security and Livelihoods



Rapporteur: Mr. Basanta Kar

The group began by stating that there were major problems with accessibility and availability of food. There were intra-household and regional disparities arising from economic, social, political and geographical factors, often with lack of proper storage facilities and proper distribution of food. The main focus of food security efforts therefore ought to be to provide free food to women and children who are at risk.

Main Recommendations

- Promote agricultural policies and research to protect land and water resources to increase agricultural productivity, especially of pulses and oil seeds, as well as millet in dry and low productivity areas.
- Improve storage facilities, particularly in food deficient regions.
- Address issues related to hidden hunger by ensuring food availability, dietary diversification, and promoting foods that include vitamins and micronutrients.
- Improve efficiency and effectiveness in MGNREGS (Mahatma Gandhi National Rural Employment Guarantee Scheme) implementation and sustainability.
- Promote non-farm businesses and micro-enterprises and address seasonal nature of employment by providing nutritious food all the year round.
- Improve effectiveness of TPDS (Targeted Public Distribution System) and MDM, and expand food baskets to provide nutritious cereals and edible oils.
- Provide free food for destitute and needy (women and children at risk, HIV positive persons, migrants, elderly and those affected by natural disasters)
- Encourage women’s participation in intra-household food security.
- Engage PRIs and SHGs to address women’s participation in food and nutrition, and promote nutrition awareness, transparency and community accountability.

Group II: Maternal and Child Care Services

Rapporteur: Mr. Srinivas Vardan

The lack of adequate childcare centres is a major problem for working mothers in both rural as well as urban areas, in the organised and unorganised sectors.

Main Recommendations

- Have additional childcare centres for working mothers.
- Increase household visits by AWWs, ASHAs and other nutrition workers to provide more effective nutrition counselling and to increase general awareness on available health and nutrition services; have special focus on early breastfeeding and complementary feeding practices, with focus on under-twos.
- Conduct informative meetings with both parents since husband's involvement is important and promote the concept of joint parenting.
- Have regular village-level meetings on health and nutrition, and promote leadership roles for women.
- Provide adolescent girls with comprehensive information on nutrition, IFA supplements to prevent anaemia, proper health and sanitation practices, education, right age of marriage, vocational training and life-skills coaching.
- Make AWCs mother and child development centres, with adequate staff additions to enable them to function effectively as health and childcare centres; have SHGs run these centres and allow them to function as an income-generating mechanism (for example, Kudumbashri programme in Kerala); alternately, hire skilled workers through MGNREGS, with two workers focusing on nutrition issues, one worker on house visits, and a fourth being responsible for the day care centre.
- Place two additional workers from NRHM at the centres.
- Create adequate infrastructure for AWCs. Pilots can be funded by the private sector, as demonstrated by successful models in Tamil Nadu and Kerala.
- Make it mandatory for local governments to allocate adequate space for AWCs and childcare centres.
- Community kitchens, run by SHGs, can provide nutritious food for AWCs and the MDM scheme, which in turn can help them become financially independent.
- Make available mobile AWCs for migrant population (construction workers and their families).
- Reward panchayats and districts that effectively reduce malnutrition.
- Make the District Collector responsible for creating a convergent action plan for the district and ensure accountability at all levels.
- Use ICT for effective communication and reporting and link it with GIS to track the presence of workers.
- Have greater involvement of PRIs in managing and monitoring to ensure improved delivery of services (differential involvement depending on the particular state in question).
- Implement community level third party monitoring of services.
- Have greater focus on high-burden districts; make District Actions Plans for nutrition mandatory; selection of high-priority districts should be done by the centre but finalised by the state.



Group III: Healthcare and Services

Rapporteur: Dr. Shilpi

Main Recommendations

- Use weighing scales at the grassroots level to ensure regular growth monitoring, and prevent children from becoming severely malnourished.
- Identify cases of severe malnourishment.
- Introduce malnutrition treatment centres in states like Kerala and Himachal Pradesh, where they do not currently exist.
- Synchronise Malnutrition Treatment Centre (MTC)/Nutrition Rehabilitation Centre (NRC) parameters for identifying malnutrition with the new parameters delineated by WHO. This, in addition to proper growth monitoring records, will provide a systematic record of nutritional status of children across the nation.
- Step up IEC and disseminate information to villagers on Village Health and Sanitation Committees and Village Health and Nutrition Days.
- Hire more nutrition experts at the block level in states such as Himachal Pradesh, where the intergenerational cycle of malnutrition needs to be addressed.
- Consistently review and follow-up condition of severely malnourished children.
- Malnutrition must be recognised at all health facilities as an illness requiring treatment.
- Coordinate efforts of AWWs, ASHAs, (Sahiyas in Jharkhand) and ANMs to increase their efficacy.
- Minimise existing differences in agendas of various departments to achieve projected goals.
- Have regional planning at district level through regular meetings of all stakeholders.
- Introduce intermediary between the district and grassroots levels to implement locally feasible solutions at community level.
- Increase monitoring/surveillance/accountability at all levels.
- Clearly identify problems based on the five-year plan and state the roles of the workers at the grassroots level.
- Set realistic goals that can be achieved within the projected time period.

Group IV: Water, Environmental Sanitation and Hygiene

Rapporteur: Ms. P. Amudha

Poor water and sanitation directly contributes to poor nutrition and ill health, and increases chances of contracting water-borne diseases. AWCs should be clean and hygienic and provide basic facilities such as clean drinking water; however, they are often situated in rented buildings, which do not have proper toilets, water or power supplies. Furthermore, there is a lack of knowledge about proper hygiene, as well as no previous experience of optimal practices regarding hygiene such as using and cleaning toilets, and using soap to wash hands afterwards and before feeding children. Both communication and infrastructure need to be improved in order to improve overall health and sanitation.

Main Recommendations

- Address the problem of safe drinking water; currently there are problems with access to and availability of clean drinking water, with water often having high salinity levels or being contaminated with sewage water, rendering it unsafe for consumption. Clean drinking water should be available within 1 km of the village, and the village should not have to depend solely on seasonal sources.
- Build proper toilets to ensure cleanliness.
- Provide water access to AWCs, especially for the purpose of cleaning, and allocate funds for maintaining these centres.
- Make sure that AWCs have proper toilets which are cleaned and maintained regularly.
- Construct dry toilets in areas with low water tables.
- Make water testing kits available under the Jalmani scheme through AWCs
- Chlorinate the water to prevent contamination.
- Explore and encourage use of low cost filters in states like Orissa and make them available in local markets.
- Encourage the practice of boiling water, as it is simple, cheap and effective.
- Discourage keeping cattle in toilets.
- Award Kuposhan Mukh Puraskar and Poshan Yukt Puraskar to AWCs who meet key indicators.
- Solid and liquid waste management should be better coordinated, with a focus on changing existing behaviours regarding waste disposal.
- Educate the community about health, hygiene and nutrition with the intent to alter existing attitudes regarding these.
- Focus on monitoring key indicators through regular review at the district, block and panchayat levels.
- Create a platform for convergence of all flagship programmes (NRHM, SSA etc.) at all levels.



Group V: Maternal, Infant and Young Child Caring and Feeding Practices

Rapporteur: Dr. Arun Gupta

Main Recommendations

- Encourage early initiation and exclusive breastfeeding for the first six months.
- Make maternity benefit schemes available to all women, using the successful scheme in Tamil Nadu as a model.
- Provide childcare services under MGNREGS.
- Impart intensive skilled counselling to the husband and mother-in-law to address cultural practices that may prevent the mother from ensuring optimal nutrition and care.
- Make more human and financial resources available to AWCs.
- Appoint a dedicated village nutrition worker at every AWC, and nutrition counsellors at the block level to act as counsellor cum trainer, mentor and supervisor for village level workers.
- Inform people about the Infant Milk Substitutes Feeding Bottles and Infant Food (Regulation of Production, Supply & Distribution) Act 1992 and its Amendment

Act 2003 that promotes, protects and supports breastfeeding and ensure that it is implemented properly.

- Launch a campaign at the block level for encouraging changes in behaviours and practices regarding nutrition, focussing on exclusive breastfeeding of infants for the first six months and complementary feeding thereafter, along with continued breastfeeding for two years or beyond.

Group VI: Capacity Development and Community Processes

Rapporteur: Mr. Samir Choudhary



Main Recommendations

- Recognise ASHAs for their work, and provide them with information and training.
- Involve the community, since malnutrition happens at home; educate and empower mothers on nutrition; work towards building community ownership of the programme to minimise corruption.
- Empower SHGs to enable them provide more information to women; allow them to organise and be involved in TPDS as an important link to nutrition security.
- Let SHGs work as social auditors of the programmes and provide periodic review along with recommendations.
- PRIs to dedicate themselves to planning, allocating programmes, and providing supportive supervision on nutrition and child health.
- Expand capacities of VHSCs, SHGs and ANMs.
- Strengthen links between health, PRIs, CBOs, and AWWs, and encourage convergence of activities.
- Strengthen infrastructure (AWCs, Mahila Vikas Kendras), hire additional workers and increase technical and financial support.
- Hold monthly public meetings on health and nutrition at the village, district/ block and sector levels.
- Increase involvement of home science colleges, NGOs and community medicine departments to undertake action research.
- Launch a toll-free helpline (Palan Poshan Line) to answer callers' queries on nutrition.

Group VII: Nutrition Policy, Planning and Surveillance

Rapporteur: Dr. Sangeeta Saxena

Main Recommendations

- Revise the Nutrition Policy, which is old and dated; currently, it does not adequately address all issues. Recent developments, such as the nation-wide increase in obesity, need to be considered in the revised policy.
- Set up an independent Department of Nutrition at the state and centre levels.

- Empower the community on a priority basis.
- Take up a life-cycle approach for nutrition to effectively eliminate the problem.
- Work towards having a coordinated, multisectoral approach which integrates all nutrition related programmes (ICDS, NRHM, MDM and SABLA).
- Put an independent monitoring mechanism in place.
- Decentralise nutrition programmes and make them flexible.
- Ensure that all nutrition programmes are in mission mode and are ready for delivery, planning and implementation at all levels.
- Assign responsibility for implementation and monitoring to community groups such as SHGs, NGOs and PRIs.
- Involve technical, professional and academic research institutions in the planning process.
- Work towards achieving a 50% reduction in IMR and MMR.
- Optimise existing infrastructure.
- Make AWCs child-friendly, and provide a sanitary environment with safe drinking water.
- Have an effective nation-wide surveillance mechanism in place to provide insight into the causes and remedies of malnutrition; also devise a method for timely intervention.



After the group presentations, comments and clarifications, the session concluded with the agreement that the resource facilitators would collate and synthesise group work outputs on “what” needs to be done, outputs from glads/sads/mads and identify seven key themes for group work on “how” things need to be done. This would then also be put through a multi-voting prioritisation exercise, to evolve consensus on the strategy options for implementation.

The seven key themes for discussion on “How” that emerged from the late evening meeting of resource facilitators are as follows:

- National Child Malnutrition Prevention and Reduction Programme
- Panchayat-Led Models
- Conditional Cash Transfers
- ICDS Restructuring
- Nutrition Counselling Service Model
- Institutional Arrangements at National/State/District/Local Levels
- Nutrition Data, Mapping and Surveillance





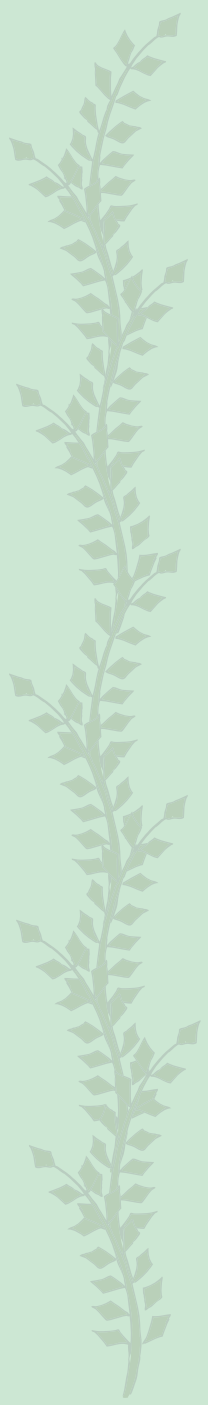
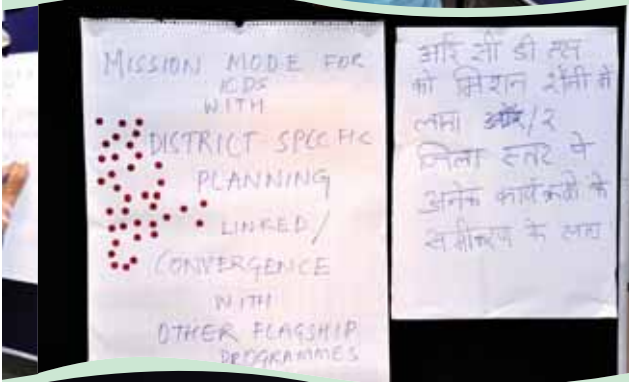
Day-2

8th August 2010



Glimpses of the Multistakeholder Retreat







Proceedings of the Multistakeholder Retreat

8 August 2010

Session VI: Multi-Voting Session

On the second day, 8 August 2010, based on “what” needs to be done, different strategy options and institutional mechanisms for effective implementation were identified. Groups then voted on which were the priority strategy options for “how” India’s Nutrition Challenges would be addressed, with emphasis on what would change for communities at village level. The strategy options as emerging from the previous day discussions and the multi-voting exercise, informed by the experiences of different stakeholders formed the basis for a second round of group work on 8 August 2010 on “how to make this happen”.

Mr. Anil Sachdeva explained the process envisaged for the second day and outlined the methodology for group work discussions.

Ms. Deepika Shrivastava, Consultant, Women and Child Development and Nutrition, Planning Commission recapitulated the discussions that were held on Day 1 of the Retreat. She highlighted that the focus on the first day had been on what needs to be done to tackle the nutrition challenge and now it was time to concentrate on how necessary changes could be made to tackle undernutrition- focusing on critical strategy options that can make a significant difference. She shared the process followed by the resource facilitators in factoring in the group recommendations of the previous day to formulate seven main strategy options for multi-voting and subsequent deliberation.

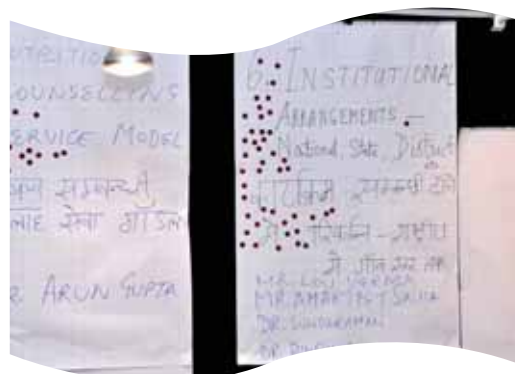
She then introduced the multi-voting system, wherein each person was given three bindis and asked to vote for the three topics that they considered being of the highest importance, because of their high and large scale impact on addressing India’s nutrition challenges. The seven discussion topics were put up on flip charts. It was emphasised that blank flip charts were also put up next to these, so that if any individual participant felt that there was a major strategy option which has not been envisaged or left out - that can also be listed for the exercise.

Participants were then invited to briefly discuss the multi-voting exercise at their tables and also identify any alternate topics that they felt were of high importance, but not listed.

Mr. Anil Sachdeva coordinated the voting process, inviting all participants to come in table groups and vote. The results of the multi-voting exercise were:

1. National Child Malnutrition Prevention and Reduction Programme (including women’s empowerment for improved family-based care) - High Priority

The focus on the first day had been on what needs to be done to tackle the nutrition challenge and now it was time to concentrate on how necessary changes could be made to tackle undernutrition.



2. Panchayat-Led Models - Medium Priority
3. Conditional Cash Transfers - Low Priority
4. ICDS Restructuring - Very High Priority
5. Nutrition Counselling Service Model - Medium Priority
6. Institutional Arrangements at National/State/District/Local Levels - High Priority
7. Nutrition Data, Mapping and Surveillance - Medium Priority

Two topics were added by individual participants: Legal Framework for Nutrition; NGOs and SHGs with structural, administrative, financial and training structures, and Mission mode for ICDS with district specific planning linked with other flagship programmes. The former was merged with Topic 6 as an additional point of discussion, while the latter was already included and further highlighted under Topic 4.



Ms. Deepika Shrivastava then outlined the indicative terms of reference provided in respect of these seven strategy options (with additional points above incorporated), which were indicative rather than prescriptive, and were shared to facilitate discussion. She also highlighted interlinkages across the different working groups. Resource facilitators were also assigned to each group, whose role was to guide the discussion and ensure that every member of the group was heard. Each group was requested to identify a rapporteur who could record ideas on the available flip chart, and present them. Illustrative examples were used to explain the proposed terms of reference for different groups and how these were

designed to open up innovative ideas and not to be prescriptive. The detailed Terms of Reference of each of the seven working groups on 8 August 2010 on “How to make things happen” is provided in Annexure 4.

The participants were divided into groups based on the group composition of the previous day, and on specific interest areas expressed by them. The participants were then asked to join their groups and discuss their topics until lunchtime, after which the groups were scheduled to present their main recommendations.

Session VII: Group Work and Presentations

Each group was asked to list the five most important recommendations determined during their discussion, and display them on a flip chart. They were asked to look at the recommendations of the different groups prior to the presentations, and to write down their comments and suggestions on the blank sheets provided for the purpose.

Post lunch, there was a cultural performance by musicians from Rajasthan, who combined traditional folk songs with messages on health, nutrition and development of women and children.

Following this, each group was asked to present their main recommendations which were followed by discussion. The recommendations as presented by the different groups are as enunciated below, incorporating modifications/suggestions accepted by the group.

Group I: National Child Malnutrition Prevention and Reduction Programme

Rapporteur: Ms. Indu Capoor

The group drafted a Mission Preamble highlighting the need for combating malnutrition:

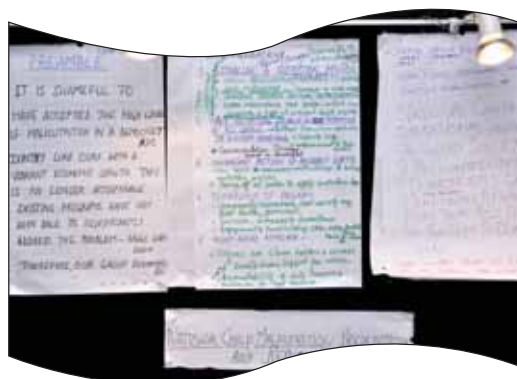
“It is shameful to have accepted the high levels of malnutrition in a democratic country like ours, with such vibrant economic growth. Existing programmes have been unable to significantly address the problem, as huge gaps exist within the system.”

Main Recommendations

1. Establish/revive/strengthen the Nutrition Mission, such that it is well resourced (both human and financial resources), empowered, and provides a national framework that is flexible and can be moulded according to the local context. It should have representation from multiple sectors (convergent), and have a supra ministerial top agency that coordinates the work of different departments as well as holds them accountable for their work. This mission should focus on adolescent girls, pregnant and lactating mothers, and children under five years of age.
2. Make Nutrition visible and prioritise it at all levels. A communication strategy should be developed, with the commitment of politicians as well as the media. There should be greater capacity building within existing programmes, and people need to be empowered to act independently for improved nutrition.
3. Ensure convergent action amongst participating departments, with suitable restructuring of line departments to include nutrition analysis. Also, policy-making in all sectors should take nutrition issues into consideration.
4. Build ownership of the programme amongst households, communities, civil societies and local bodies of governance. There should be an inclusive community surveillance mechanism in place. It would be beneficial to engage and assist CBOs, NGOs, institutions etc.
5. Use a rights-based approach, wherein the citizens are claim holders and owners, not merely beneficiaries. Focus on providing sufficient support to women and have a mechanism for holding duty bearers accountable for their work, as well as a system for legal recourse.

Suggestions

- There should be a focus on children under 5 years, and within that, special attention should be given to infants under 2 years, since most irreversible growth and developmental damage takes place in the first two years of life.
- The programme should take a woman and girl-centred, life cycle based approach.
- Clearly define duties of each department (health, water, sanitation, and food provision).
- Provide day-care centres for working mothers.
- Have operational guideline for national convergence, to clarify and define the roles of different departments, making them accountable for specified tasks.



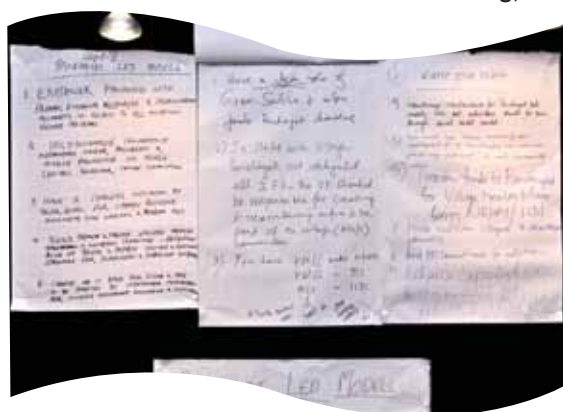
Group II: Panchayat-Led Models

Rapporteur: Mr. Basanta Kar

The group discussed the concept of Panchayat led model/s and what this implies in terms of devolution of powers - Functions, Funds, Functionaries - with regard to different flagship programmes. The roles of Panchayat members, especially women, as change leaders were discussed. Strategic recommendations were evolved, recognising that different states have different contexts, capacity of PRIs, and levels of devolution of powers.

Main Recommendations

1. Empower panchayats with the necessary human and financial resources, in addition to adequate administrative authority, with regard to all programmes concerning or related to nutrition. Since the panchayat is transparent in its functioning, it can be made more accountable.



2. Institutionalise convergence mechanisms under the panchayats, and involve them in communication strategies for initiating behaviour change amongst the people. Power relations of different stakeholders across levels should be discussed, since the village panchayat cannot have power without a proper distribution at the district and block levels. The stronger the Gram Sabha, the more effective the work of the village panchayats, a fact that is especially true in tribal communities, which also demand special care.

3. Install/Identify a catalytic institution at the block level for capacity building, monitoring, data collection, and programme management. This could be an agency such

as an NGO, or another organisation that can enhance and work alongside the panchayat.

4. Build and promote a village health and nutrition committee. Redefine roles of the elective and executive structures at the block and district levels to enable them to focus on providing supervision and supportive guidance.

5. Have an independent institution that can develop a system to collect creative, IT-based data and MIS to ensure ongoing assessment, monitoring and accountability.

Suggestions

- Monitoring mechanisms for panchayat-led models should focus on set indicators and be conducted using the social audit model.
- Funds for village health plans from NRHM and ICDS should be transferred to panchayats.
- Nutrition should be the focus of decentralised planning.
- Build PRI commitment for nutrition.
- Spread awareness on differences between nutrition, malnutrition and under-nutrition.

Group III: Conditional Cash Transfers (CCTs)

Rapporteur: Ms. Mukta Arora

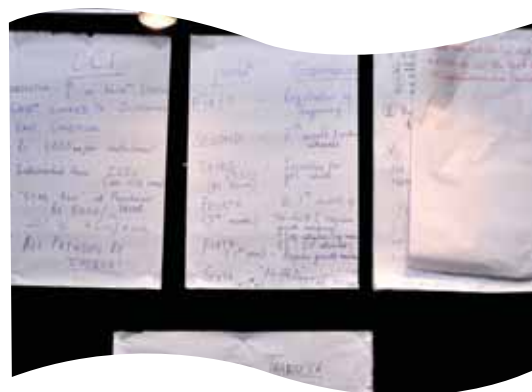
The group designed a possible model for implementing CCTs with the objective of improving nutrition status of pregnant women and infants under 2 (-9 months to +2 years). There was consensus around the fact that there was need to impose conditions, but that these should be few in number and easy to fulfil, involving the larger community as well. The programme which would be implemented through ICDS would make use of Unique Identification (UID) system for registration, identification, and monitoring. An amount of Rs.1000 would be awarded at each instalment, with a total of six instalments, divided as follows:

Instalment	Timing and Condition
First	Given when the mother registers her pregnancy at the local AWC. This also provides an opportunity for the AWWs to educate the mother about proper health and nutrition practices.
Second	Given on the condition that the mother attends the Godhbharai, Walaigapu or equivalent ceremony in the 7th month of pregnancy. It is a pre-existent custom in most parts of the country, and involves the entire community as well as the AWWs. It occurs after the mother has been given the TT immunisation, and involves information sessions about health, nutrition and childcare.
Third	This instalment comprises the regular aid given under the existent JSY scheme, with an additional stipend only given as an incentive in case the child is female.
Fourth	Given when the child is 7 months, on the condition that the mother has been visiting the AWC for regular growth monitoring and promotion (can be seen from mother child protection card). The mother also attests that she has been breastfeeding exclusively for six months, and that she has begun complementary feeding.
Fifth	Given when the child is one year old, on the condition that the mother has been visiting the AWC regularly (at least three times) and maintaining a growth chart, in the form of Mother and Child Protection Card.
Sixth	Given when the child is two years old, on the condition of regular growth monitoring and consistent growth. A certificate can be given to "Star Mothers" along with this instalment, as a reward and further incentive to the mother as well as the community at large.

They suggested that the panchayats that demonstrated the greatest improvement in nutrition levels be awarded a stipend of Rs. 5000, 20% of which could be given to the AWW and helper. It was also stressed that all payments should be made via cheque, in order to effectively avoid corruption and mishandling of funds.

Suggestions

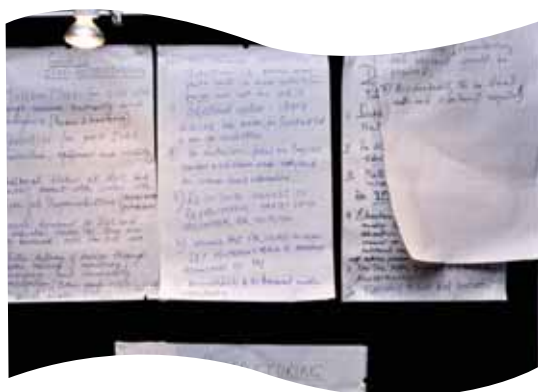
- Include more nutrition-related indicators for CCTs, such as administering Vitamin A supplements, IFA supplements and vaccinations.



- Award AWW or ANM who identify maximum “Star Mothers.”
- Ensure that there is no misappropriation of funds and that cash transactions are carefully monitored and accounted for.
- Create more visibility regarding governance, supply of nutritious food/meals and rural monitoring mechanisms to help prevent leakage of funds, utilising the Supplementary Nutrition Programme (SNP).
- For CCT, register pregnancy at the beginning of the 2nd and 3rd trimesters, at birth, when the child is 3 months old and finally when the child is 4 months old.
- Conduct a pilot experiment with this model, where it is applied in few smaller localities, and thereby determine its efficacy.

Group IV: ICDS Restructuring

Rapporteur: Ms. Ira Tanwar



The group discussed the concept of ICDS Restructuring, recognising that both nutrition and early development and learning outcomes are critical for inclusive growth. ICDS Restructuring objectives and principles were also deliberated upon, identifying core interventions and services envisaged under this programme, especially in districts with high nutritional vulnerability. Discussion focused on what and how would this be different from what already exists, with different implementation experience across and within different states/districts. Best practices/models that can be adapted and scaled up were also shared.

Main Recommendations

1. ICDS needs to be in mission mode, with separate and adequate resources and authority. There is a great need for convergence at all levels. Funds should be given at the district level, and monitoring and accountability should come into play at the same level, as well as at other levels.
2. Resources need to be provided for smooth functioning of ICDS, including infrastructure, equipment and mobility. Currently, there is lack of space, equipment and other resources at several AWCs. Similarly, mobility is often an issue, and AWWs are unable to reach the entire community. Providing cars, motorcycles/scooters and bicycles would increase the number of people benefiting from ICDS.
3. Hire an additional worker at AWCs as well as at the sector/cluster level with clearly defined responsibilities. AWWs are currently overburdened, as they are responsible for a large number of people and are given extra work.
4. There should be a separate department for WCD/ICDS in states, as they are often overburdened with work from other departments. Additionally, the role of an AWW needs to be redefined. There should be at least two workers at every centre, with a clear definition of responsibilities. This will help with better monitoring and accountability at the field level. There also needs to be greater incentives in place for all departments and levels of ICDS,

particularly at field level. Currently, there is little or no scope for promotion or advancements in the workplace.

5. Enable better delivery of services through community participation, monitoring and convergence. The health and nutrition programme needs to be incorporated in community life as a whole. This should come about through convergence.

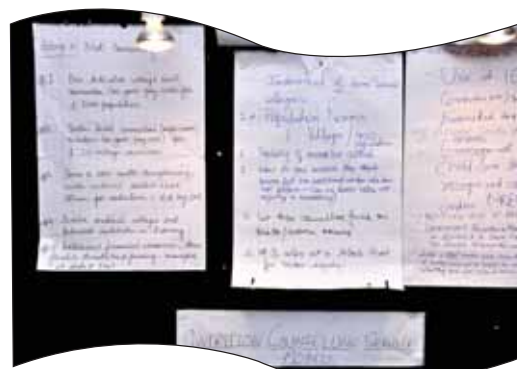
Suggestions

- Restructure ICDS by age groups.
- Strengthen provision of supplementary nutrition and mid-day meals through ICDS.
- Strengthen preschool education in ICDS, linking with Sarva Shiksha Abhiyan (SSA).
- Focus more intensely on maternity entitlements and care and enable AWWs to work alongside ASHAs in this regard.
- Make changes in planning and infrastructure development, taking into account the changing economic and technological realities.

Group V: Nutritional Counselling Service Model

Rapporteur: Mr. Subramaniam

The group highlighted the fact that counselling had not been accorded much importance and that it should be treated as an important tool for educating and empowering mothers especially and the community as a whole. This should be done at the household and community level by making use of existing community platforms.



Main Recommendations

1. Appoint one village level counsellor for every thousand persons, or as per ICDS norms. While this may be a good ratio for populated locations, it can be relaxed where there is lower population density. The counsellor's duties should involve monitoring growth rates of children in addition to educating and assisting women on good health and nutrition practices.
2. There should be one sector-level counsellor/supervisor for every 20 village counsellors. The supervisors should have supervising, monitoring and training skills in addition to all the skills possessed by the counsellors.
3. Form a core multi-disciplinary, multisectoral district level team for nutrition, with leadership of the District Magistrate (DM).
4. Involve medical colleges and technical institutes, such as nursing colleges and home science centres, in the training of counsellors.
5. Additional financial resources need to be made available though flexible decentralised funding managed at the district level. Similarly, such a team can be formed at the block level.

Group VI: Institutional Arrangements at National/State/District/Local levels

Rapporteur: Mr. Lov Verma



The group discussed the objectives and strategic guiding principles in designing and implementing the proposed institutional arrangements, especially recognising that different state/districts have different contexts. The kind of decentralisation and flexibility provided by different implementation frameworks was also deliberated upon. How would a new arrangement be different from existing institutional arrangements was highlighted and also how this would link to existing arrangements in different sectors. The emphasis was on the implementation framework and institutional mechanism envisaged at village level, and how this would be empowered for community action.

Main Recommendations

1. Create an empowered department of Nutrition within the Ministry of Health and Family Welfare or Women and Child Development. Have a supra-ministerial set-up to help allocate nutrition to a single ministry. Allow for accountability to be implemented at all levels and to facilitate this draw up sound operational guidelines.
2. Establish a similar structure at the state level as well. There is need for trained personnel at every level, with an overall increase in manpower.
3. There is need for advocacy, awareness building and counselling regarding nutrition at various levels, which can be implemented through trained staff members.
4. At the operational level, there should be no duplication or redundancy of responsibilities; duties should be clearly defined and focused.
5. At the community level, nutritional interventions such as SNP should be placed in the hands of trained and empowered women. Women should be active participants, and be assigned responsibilities wherever possible and communities should be made self-sufficient.

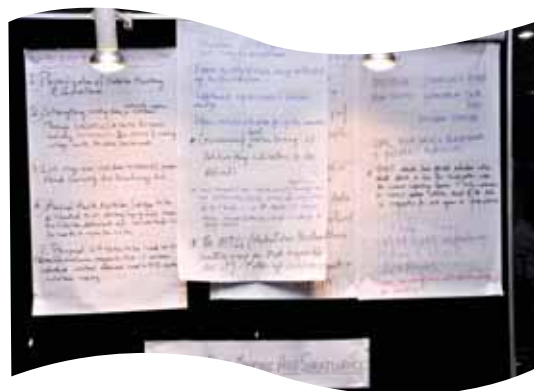
Suggestions

- Have a well resourced department/body (human as well as financial resources).
- Bring about strong leadership.
- Introduce an annual “report card” for this body to ensure accountability and transparency.
- The Food and Nutrition Board under MoWCD can be strengthened as the technical wing/Department of Nutrition suggested above.
- Village governments to be given more freedom to manage these issues without interference from the top.
- Have a multisectoral, district level team to combat malnutrition.

Group VII: Nutrition Data Collection, Mapping and Surveillance

Rapporteur: Dr. Rajul Gupta

The group provided clear definitions of the terms used: data collection entails long-term data collection of a particular group, while nutritional mapping is done when this operation is taken to the district, state or national level. Surveillance is the continuous collection and monitoring of data, based on the assessment of the effective strategies which can be devised and implemented. Collecting this data on nutrition is essential, as the assessment of this baseline data will determine necessary actions to be taken in order to improve the situation.



Main Recommendations

1. Prioritise monitoring and surveillance in order to better assess problems as well as monitor the areas of improvement regarding nutrition. There is a need for national criteria on what information should be collected and how this should be done to ensure consistency in the data across the nation.
2. Strengthen existing data collection systems on nutrition by increasing logistics and capacity building. Include nutritionists and CDPOs for village health and nutrition action auditing. Surveys that already exist can be made more effective by collecting information about specific nutritional aspects about certain groups.
3. Link village level ICDS MIS to MGNREGS and the proposed National Food Security Act.
4. Expand annual health and nutrition surveys to cover all districts and age groups, with special focus on risk factors and determinants of malnutrition.
5. Link proposed UID system to ICDS nutritional surveillance programmes, making it possible to track individual nutritional status as well as link it to GIS system for effective nutritional mapping. (Mother Child Protection cards with UID numbers will help make this link.)

Suggestions

- Have sentinels/monitors who can ensure quality of data collection and monitoring.
- Ensure convergence between departments, preferably a single MIS for health and nutrition.
- Make the data accessible to and for use by all levels in order to determine appropriate action plans.
- Provide feedback based on data monitoring to workers at field level, ensuring positive action and accountability.
- Link data mapping and surveillance to Health Management Information System (HMIS) under NRHM.
- Strengthen National Nutrition Monitoring Bureau (NNMB) as a national level institution for surveillance.
- Set up an independent body that directs the process of surveillance.
- Make this data publicly available on a periodic basis.

All recommendations were collated for further presentation to the concluding session. Resource facilitators, one each from all the groups formed a core team, to synthesise major action recommendations emerging from the work of all the groups. The presentation on behalf of the core resource team was made by Dr. Arun Gupta and Dr. N. K. Arora at the Concluding Session. While the core resource team worked on the synthesis, participants revisited the stalls put up by state teams from different states, to see how some of these captured the strategy options debated and innovative approaches for the same.

Session VIII: Concluding Session



The Chief Guest and Guests of Honour: The Chief Guest Dr. Montek Singh Ahluwalia (Deputy Chairman of the Planning Commission), Guests of Honour Dr. Syeda Hameed (Member, Planning Commission), Professor Abhijit Sen (Member, Planning Commission), Ms. Sujatha Rao (Secretary, Ministry of Health & Family Welfare), Mr. D. K. Sikri (Secretary, Ministry of Women & Child Development) and senior officers from Prime Minister's Office (PMO) and other ministries were warmly welcomed and they also went around the exhibition, interacting with state teams and going through the flip charts/group work output displayed.

Mr. Anil Sachdeva, who had provided managerial support for conducting the retreat with help from students from SOIL said that the discussions had been very fruitful. He shared a summary of the Glads/Sads/Mads exercise to demonstrate that problems such as corruption were well recognised -and solutions also emerged from other experiences, such as in Tamil Nadu, which holds the potential to educate and inspire others to work in a results driven manner. Such cases reiterate the point that people should work together, since when they do so, the results speak for themselves. He was particularly happy about the diversity of voices and the different points of view that had been heard and brought together through a carefully designed affinity process. The "Whats" and the "Hows" of India's nutrition challenges had been discussed at length, which would culminate in a clear strategy for the way forward.

Key stakeholders from the field were first invited to share their thoughts on the two days of deliberations. Ms. B. Kamalangi, an ICDS Supervisor from Gajapati District, Orissa, said that it was the first time she had attended such a large conference and heard senior government functionaries state their views and make affirmative commitments towards the cause of reducing malnutrition, something that was rampant in their villages and districts. She gained knowledge through the experiences of other grassroots workers, and was particularly pleased that the issue of social inclusion had been taken up.

Ms. Kunti Bora, an ICDS Supervisor from Golaghat district, Assam, felt it was a great learning experience to meet so many people on a common shared platform. She gained valuable insights from hearing what the CDPOs and other high-level officials from different states had to say, as well as what field workers from Tamil Nadu and West Bengal shared. This made her realise the extent of work that still needed to be done in her home state of Assam. She felt she would be returning home with a better understanding of the different roles of ASHAs, ANMs and

AWWs. However, she did express her disappointment at not finding any senior government representative from Assam. She suggested that a similar meeting be organised at the state or district level in Assam too. She quoted Rabindranath Tagore saying:

“Do not give me a fish. Teach me how to fish.”

Ms. Usha Rani, an AWW from Sriperumbudur District, Chennai, Tamil Nadu, felt that her biggest learning had come from interacting with other AWWs and hearing from them about their successes as well as the challenges which they faced in tackling malnutrition in their respective districts and states. She placed on record the need for a second AWW at AWCs.



V. Presentation of Key Recommendations

Dr. Arun Gupta and Dr. Narendra Arora presented the synthesis of key recommendations derived from the resource facilitators' discussion. The group decided on a preamble:

Preamble

“It is shameful and unacceptable to have such a high prevalence of malnutrition alongside vibrant economic growth in a democratic country like India. Malnutrition has to be made visible, and be considered a developmental priority for all. Gaps in existing programmes need to be bridged to effectively combat nutritional problems.”

Guiding Principles of Action

- Focus on children under 2 years, pregnant women and adolescent girls.
- Extend from the centre to family and community.
- Strengthen convergence using appropriate institutional arrangements.
- Make the programme rights-based.
- Focus on empowerment of women.
- Make the programme universal.
- Ensure it is free from conflicts of interest.
- Ensure good governance and accountability.

Key Recommendations

1. Establish a National Institutional Arrangement for Prevention and Reduction of Child Malnutrition by taking the following steps:

- Coordinate and converge all programmes already in existence.
- Conduct a technical overview of the situation.
- Establish an inter-ministerial, well-empowered and well-resourced entity whose structure and function is drafted on the basis of existing experience.
- Introduce a policy support unit under the Planning Commission.
- Make sure the initiative is community-driven.

2. Restructure ICDS

- ICDS to be in mission mode, with proper resources, authority and convergence at all levels.
- Strengthen infrastructure, provide proper equipment, and facilitate mobility at all AWCs.
- Recruit one additional worker at every AWC and at the sector/cluster level to fulfil clearly defined responsibilities.
- Improve quality of services provided by training and monitoring workers, ensuring convergence between different programmes, and encouraging community participation. There should also be constant monitoring conducted through mothers' groups, NGOs and other social audit groups.

3. Develop Panchayat/Urban Local Body-Led Models

- Encourage state governments to progressively entrust more responsibility of nutrition programmes to PRIs, encouraging community ownership.
- Involve mothers with village health and nutrition committees by working through PRIs.
- Increase aid, assistance and technical support from NGOs, institutions etc.
- Provide additional resources to PRIs with flexibility, authority and accountability.

4. Strengthen Nutrition Counselling

- Ensure presence of Nutrition counsellors in rural and urban areas (ratio of one counsellor for every thousand people).
- Appoint a nutrition supervisor for every 20 counsellors.
- Set up support teams at the state as well as district level.
- Train counsellors with the help of existing institutions, including home science and medical schools.

5. Introduce and Popularise Cash Transfers

- There was lack of consensus about CCTs, but it was decided that they should be optional. It was suggested that there should be pilot schemes (for example, CMB and SABLA) limited to specific areas, perhaps leveraged on existing CCT schemes such as JSY.
- Have simple conditions which are minimal and easy to fulfil. There should also be built in incentives for workers and the community.

6. Conduct Nutrition Monitoring and Surveillance

- Organise a sound monitoring and surveillance system.
- Strengthen existing ICDS reporting system for effective surveillance by improving the quality of data and using it to determine future action.
- Build logistics and widen the capacity of functionaries.
- Strengthen VHNDs for ensuring data quality and verification and leverage data for MGNREGS and the proposed NFSA beneficiaries.
- Expand monitoring to cover all districts in the form of an annual District Level Household and Facility Survey (DLHS). Also, converge the nutrition and health sectors.
- Use ICT and GIS for collection, collation, analysis and interpretation of data, as well for planning future activity.

Additional Recommendations

- Increase food production including pulses and oils.
- Provide Universal access to affordable food at all times, safe drinking water, sanitation and primary healthcare, as already enunciated government commitments.

VI. Summing Up and Way Forward

The presentation of the synthesis of major action recommendations of the plenary was followed by responses and comments from the Deputy Chairman and Members of the Planning Commission, and Secretaries of the Ministry of Health and Family Welfare and the Ministry of Women and Child Development. They shared their perspectives on how to move forward, while responding to the synthesis presented and suggestions for accelerating action to address India's Nutrition Challenges.



Prof. Abhijit Sen, Member, Planning Commission, said that although the key messages that emanated from the Retreat were important, they were not all new. To that extent this reinforces some major strategic thrusts of the Mid Term Appraisal of the Eleventh Plan. There was clear need for more human resources and better infrastructure, and a methodology had to be developed to determine how to achieve this. He pointed out that convergence was needed at the top, but that it was also needed at the bottom of the pyramid, amongst field workers, where it would be most effective. He felt that it would be fruitful to encourage more discussion about this amongst field level workers, at district

and state levels also. Experiences shared about why certain programmes worked in some states and not in others, were useful. A major challenge ahead will be how to change the existing institutional structure.

Ms. Sujatha Rao, Secretary, Ministry of Health and Family Welfare, said she had positive reflections regarding the Retreat. She appreciated that a unique consultation such as this was organised, bringing Members of the Planning Commission and other government departments on the same platform as Anganwadi and other field workers, women's SHGs, community members and panchayati raj institutions. She stated that the recommendations that emerged out of the group discussions were valuable, especially concerning convergence and the development of an institutional mechanism for policy-making. She emphasised that these would be taken up by the concerned ministries for further action and strategy development.



She suggested that greater priority be accorded to empowering women at the district level and below. She was of the strong opinion that women had to be at the centre and in control of the nutrition movement, and that depending solely on governmental interventions would not be as successful. This is because women's issues are often not even addressed in government planning. This is an unfortunate situation where, often more energy is devoted to building roads rather than building schools and hospitals. Women have been fighting social issues across caste, religious and regional barriers and

they needed to be provided with social security, proper health, and education facilities. For this to happen, it is necessary to institute and mandate women's development groups at the community level. Women also needed to be trained and organised, and above all, trusted. An institutional mechanism, therefore, needs to be drafted to achieve this.

She concluded by saying that change cannot happen from the top down, and that a bottom-up approach will have to be taken. Her advice was to gauge which measures have been effective and which have not, and accordingly plan for the future. She felt that it is unacceptable that malnutrition continues to be a major problem even in 2010, and that there is no reason why it should not be resolved if everyone works together to counter it.

Mr. D. K. Sikri, Secretary, Ministry of Women and Child Development, endorsed Prof. Sen's observation that the Retreat had reinforced some of the recommendations of the joint strategy note, while also providing some fresh insights and ideas for action. He felt that though the ICDS infrastructure has been in place for years, not much has changed so far as the country's nutrition status is concerned. There needs to be more discussion regarding the shortcomings in infrastructure and the structural weaknesses of ICDS. One reason that many participants gave for the failure of ICDS pertained to AWCs not being given ample infrastructure to perform their duties. According to him, accountability and convergence are essential, especially at field levels. These programs should be women-centric and also driven by women, as they will be more successful than governmental agencies, be they local panchayats or the central government. Women needed to be in leadership positions, though they may need support and supervision in the initial stage (for example, in the SABLA Scheme, where women will be responsible for monitoring).



Mr. Sikri confirmed that many of the recommendations that had been presented during the Retreat would be taken into account and implemented, especially as related to ICDS restructuring, Empowerment of Adolescent Girls and piloting of the CCT approach in the upcoming Maternity Benefits scheme.

Dr. Montek Singh Ahluwalia, Deputy Chairman, Planning Commission, said that the diversity of experiences shared during the two days had revealed some positive issues as well as some issues requiring attention. He observed from the "Mads" that corruption stood out as an issue that most people were very angry about. Speaking of the unacceptable situation of malnutrition in India, Dr. Ahluwalia said that while it was an issue of major importance to all stakeholders, it cannot be expected to change overnight. Furthermore, instead of inventing analytical solutions to the problem of nutrition, it might be more pertinent to learn from situations where conditions have shown improvement. States such as Tamil Nadu have managed to reduce malnutrition rates, while Madhya Pradesh still has high malnutrition levels. He advised that states that have shown marked improvement should act as a yardstick, while others should attempt to replicate



their success. This might be a more effective strategy than constantly pointing out flaws in the system.

He concluded by asking the field workers if they had been sensitised to the situation in other states, and if they were considering ways in which they could adapt and take up the positive aspects of what they had learned at the Retreat.



Dr. Syeda Hameed, Member, Planning Commission, stated that the main reason for organising the Retreat was to provide the Planning Commission with new ideas on dealing with the nutrition problem. According to her, the main strength of the conference was the coming together of so many different colleagues from village, block, district, state and national levels. She reiterated that whatever had been recommended during the course of the Retreat was done so after deep consideration and weighing of all options and that they would be accorded serious consideration.

She stressed that issues had been dealt with in an in-depth manner. Additionally, this was the first time that the bottom-up approach had been used, denoting a positive change in itself. She called for urgent action, stating that India's children cannot wait and that it was important to address the vicious cycle of poverty and malnutrition. She concluded by highlighting the imperative to act immediately- to fulfil the rights of India's children and women to nutrition, health and development, towards more inclusive growth.

Ms. Sudha Rao, Adviser, Women and Child Development and Voluntary Action Cell, Planning Commission concluded by thanking all those who had participated in and contributed to the design, organisation, deliberations, group exercises and recommendations of the Multistakeholder Retreat, anchored by the Planning Commission, especially the technical team which had designed this to be different and also done differently.

Conclusion

The Retreat concluded on a positive note, with participants feeling that they had been exposed to many different ideas, which they could bring back to their own communities. The most positive responses came from field workers, many of whom had not previously interacted with other workers from different parts of the country. They felt fortunate to have met so many different people working in the same field, and learnt about different problems, solutions and new approaches from each other. Most were eager to implement all that they had learnt in the course of the retreat.

Members from governmental agencies also benefited greatly, as they were able to assess the conditions in the field more accurately through discussions with the field workers, and understand the perspective of the implementers of the programmes. Future planning, therefore, will be based on a more realistic assessment of the requirements in the field.

A major benefit of the retreat was that it created a sense of community within those working in the field of nutrition, and showed the importance of having open dialogue between all levels. By creating a common platform for all stakeholders, it demonstrated the true meaning of the democratic process and allowed all voices to be heard equally.

The Nutrition Retreat signifies the beginning of a process of dialogue and consensus building for collective action, empowered by voices from the field. And the process will move forward with the placement of recommendations for action for the consideration of the PM's National Council on India's Nutrition Challenges.



VII. Synthesis of Major Recommendations for Action placed before the PM's National Council on India's Nutrition Challenges

Various consultations, including the Multistakeholder Retreat recognise that it is unacceptable to have high prevalence of malnutrition in a democratic country like India, with a vibrant economy, that gaps in the existing programs need to be bridged and that malnutrition has to be made visible and a development priority for all.

Principles of Action: It is reaffirmed that the highest priority should be accorded to preventing and reducing undernutrition, towards progressively achieving the 11th plan monitorable targets, with the following guiding principles of action:

- Focus on reaching pregnant and lactating mothers, children under two years and adolescent girls.
- Prevent undernutrition, as early as possible, across the life cycle, and fulfil realisation of full development potential.
- Promote rights based approaches, with women's empowerment as the mover of social change.
- Extend from the anganwadi centre to family and community based approaches.
- Strengthen convergence through appropriate institutional arrangements.
- Ensure progressive universalisation of services and multisectoral interventions.
- Promote flexibility to support local initiatives for service quality improvement.
- Free from conflict of interest, with requisite safeguards.
- Ensure good governance and accountability.

Major Recommendations for Action are given below.

A. National Mother and Child Malnutrition Prevention & Reduction Programme

1. **Initiate a National Mother and Child Malnutrition Prevention and Reduction Programme** in high burden and most vulnerable districts, in mission mode, with multisectoral State/District level Action Plans. This would synergise multisectoral interventions from ICDS, NRHM, Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls, Indira Gandhi Matritva Sahyog Yojana, Mid Day Meal Scheme, the proposed National Food Security Act, Public Distribution System, Total Sanitation Campaign, NRDWP, MGNREGS, and others. This could be rolled out in proposed NFSA districts and coverage progressively scaled up.

The proposed programme would seek to ensure universal access to food security and livelihoods, primary health care, women and child care

services, safe drinking water and sanitation, nutrition counselling as a service, change caring and feeding practices in families and communities and address the different multisectoral determinants of undernutrition in an integrated way, with new institutional arrangements.

This would also focus strategically on the most critical and vulnerable age groups so that undernutrition is prevented as early as possible (pregnancy, lactation, children under 2 years, adolescent girls), which will yield accelerated and significant reduction in undernutrition levels on a large scale.

2. **Creation/Strengthening of a National body in mission mode**, for coordination and convergence of the above, which is an empowered, inter- ministerial, well resourced (human and financial) entity that is results focused, and equipped to provide technical guidance and mentoring support. This would imply similar institutional arrangements at State/District levels, with a national policy framework that is responsive to the needs and problems of states/districts, especially for high prevalence states/districts. The Structure and function of the national body is to be drafted on the basis of existing experience, with leadership of District Collectors at district level and Project Implementation Plans of related flagship programmes reflecting convergence and accountability of different sectors for nutrition outcomes. This would involve the following-
 - **Creation of a National Nutrition Mission body, under the PM's National Council on India's Nutrition Challenges**, the apex body constituted in October 2008, linked to similar institutional arrangements at State and District levels.
 - **This may also involve revamping the existing National Nutrition Mission** (Gazette Notification of 30 July 2003) accordingly, reconstituting the National Executive Committee, State and District Nutrition Councils and their Executive Committees, ensuring multisectoral and wider stakeholder representation.
 - **Creation of a new Department of Nutrition**, within the Ministry of Women and Child Development, which is the nodal ministry for nutrition and currently has one department for Women and Child Development. (The department was designated as a ministry in January 2006).
3. **Progressively establish State/District Resource Centres for Nutrition**, building on existing institutions such as SIHFWs/SHSRCs, Medical College Hospitals, Home Science Colleges, AWTCs, the Nutrition Resource Platform initiative- responding to the requirements of different sectors and stakeholders. This would be linked to State/District Nutrition Mission Councils, and will be set up in a phased manner, initially in high burden states/districts. This will also require additional financial and human resources for mentoring support by voluntary agencies, resource teams at district/block/local levels, especially for strengthening community processes, decentralised planning and monitoring.
4. **Universalise access and enhance the quality of primary health care and services at village level, and strengthen the Nutrition component of NRHM** for better synergistic impact-especially in high burden states/districts. This would require that Fixed Day monthly Village Health and Nutrition Days are held in all AWCs, using joint microplanning, ICDS revised population

norms and mini AWCs to reach hard to reach vulnerable habitations/groups, with the involvement of Village Women's Health and Nutrition Groups and common village committees. This will help ensure universal delivery of mother and child health and nutrition related services at AWCs, as village health and nutrition centres.

5. **Enhance resources for constructing child friendly toilets and for providing safe drinking water in all AWCs and schools, Sub-centres and PHCs**, on priority basis, to reach the most vulnerable. These will also constitute demonstration models for changing hygiene practices in families and communities, with the AWC being the first village level health, nutrition and early learning centre. The provisions would also include safe and clean drinking water source access, chlorination, water testing kits, low cost filters, solid/liquid waste management and behaviour change communication interventions. This will contribute to ensuring that the 11th plan monitorable targets for universal access to safe drinking water and environmental sanitation are achieved, for improved health and nutrition outcomes - in the identified districts of the proposed National Mother and Child Malnutrition Prevention and Reduction Programme and progressively in all states/districts, as indicated in the 11th Plan.
6. **Support finalisation of the draft National Food Security Act**, with expanded social safety nets and an expanded food basket (more nutritious coarse grains, pulses, edible oils), with provisions supporting Child Nutrition and Maternity Entitlements and free food for people with special needs. Food and Nutrition entitlements of 0-6 months infants will be respected and translated into earmarked resources for promoting exclusive breastfeeding for this age group. Progressive universalisation of the draft Act is needed, covering the poorest/most vulnerable districts in the first phase, with greater accountability at different levels.

B. Panchayat Led Models with Women's/Community Empowerment

7. **Promote Panchayat led models, with progressive devolution of powers (Funds, functions, functionaries) to PRIs, with women panchayat members being designated as change agents for malnutrition free panchayats.** This will be based on the state context, with State governments being encouraged to progressively entrust responsibility of nutrition related programmes, including ICDS, to PRIs with community ownership. Additional resources should be given to PRIs with flexibility, authority and accountability. Women panchayat members will be empowered through training and mentoring support, to lead a societal campaign against malnutrition, with additional resources for WCD and nutrition being mobilised through panchayat committees.

Mothers must be involved through village health and nutrition committees, working through PRIs, with mentoring/capacity building through technical support from voluntary agencies and institutions. At block levels, a catalytic institution and voluntary action teams will be fostered for capacity building, monitoring, data collection and program management.

Awards like Nirmal Gram Puruskar should be given to panchayats, frontline workers, for reducing malnutrition.

8. **Strengthen community processes and women's empowerment for nutrition interventions** - linking Panchayati Raj institutions, Village Women's Health and Nutrition Groups, Women's SHGs, women link community volunteers/peer counsellors for a cluster of 15-20 households (Local resource persons/Positive role models) Mothers' Support Groups, extending the outreach of AWWs and ASHAs at village level. Training modules and packages will be developed on these issues, and additionally, their integration mandated in the training provided through the Rural Development training institutions and district/block/cluster training teams. Integrated Mother Child Protection Cards, as a counselling and tracking tool should be used by every mother and volunteer/peer counsellor.

Women's SHGs will also be involved in piloting community kitchens, assuming a greater role in the supplementary nutrition component of ICDS (cooking, using a variety of nutritious local recipes, adding/contributing locally produced vegetables, fruits), Mid-Day Meals and in community based monitoring and social audits, for greater transparency and accountability.

9. **Extend NRHM Village Health and Sanitation Committees to include Nutrition** - with a Common Village committee for NRHM, ICDS, TSC and possibly RGSEAG, IGMSY in selected districts, empowered for village level planning, local response, and community based monitoring. At habitation and village levels, this will effectively link the frontline worker team, village women's health and nutrition groups/SHGs/mothers' support groups and panchayati raj institutions, linked to the aggregated Gram Sabha (larger population). Similar committees are also recommended for urban local bodies, contextualised to the urban setting, and linked to the proposed National Urban Health Mission.

C. ICDS Restructuring and Systems Strengthening

10. **Restructure ICDS in mission mode with flexibility in implementation (like SSA, NRHM)** and with a menu of innovative pilots/models provided for state specific adaptation, backed by adequate resources.

The Mission mode would include resources, authority & convergence at all levels, strengthened infrastructure - construction of child friendly AWCs with adequate space and facilities (See 12), equipment & mobility, improved service quality through training, convergence and community participation & improved monitoring with oversight and social audits by mothers' groups, NGOs. Additional resources will also be required for indexation of SNP financial norms to inflation, consistent with the practice followed for MDM.

A **new generation ICDS** is envisaged, focusing on enhanced child survival, nutrition, development and early learning outcomes- through decentralised, locally responsive state, district and village/slum habitation based plans of action, that include unreached groups. These would focus on reaching pregnant and lactating mothers and the younger child under three years of age, through family and community based empowerment approaches and also on improving the quality of early learning, with improved parenting support and AWCs being seen as joyful early learning centres.

The innovative models will represent the scaling up of community based early child care models, with evidence of impact on child nutrition, development and early learning outcomes. The models include management of child care centres by SHGs in Kerala, Keno Parbo Na (Positive Deviance approach) in West Bengal, Ami Bhi Paribu (Positive Deviance approach) Orissa, greater involvement of PRIs/Urban Local Bodies in management and monitoring to ensure improved delivery of services and more effective training of PRIs/ULBs. Mandatory child care provisions are also recommended in town development plans, through JNNURM.

Accountability mechanisms: The restructuring will also seek to ensure that separate Departments for WCD with a dedicated cadre, are established in states, where these are not already in place. Service guarantees and accountability mechanisms for outcomes should be put in place.

11. **Launch and progressively universalise the Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls (RGSEAG) and the Indira Gandhi Matritva Sahyog Yojana (IGMSY-Conditional Maternity Benefit Scheme),** to address adolescent and maternal undernutrition and anemia. IGMSY will also promote early and exclusive breastfeeding for the first six months of life. Pilot the strategy options of Conditional Cash Transfers (CCTs), as optional, (as the consensus here was not as clear as it was for other options), leveraging on the learning from existing CCT schemes (e.g. JSY). In addition, it is suggested that there be minimal conditions and incentives are in-built for the community & beneficiaries, including rewards for panchayats, AWWs and STAR mothers in IGMSY.
12. **Strengthen AWCs as village WCD centres:** the first village/habitation post for health, nutrition and early learning, with provision of additional financial resources for infrastructure and facilities, anchoring ASHAs and converging multisectoral interventions for young children, adolescent girls and women. The AWC should be viewed as a comprehensive village maternal, child & adolescent girl care centre, having its own building, with adequate space for children with a joyful early learning environment, a separate room for Ante Natal Care checkups for pregnant women and centre for adolescent girls (RGSEAG), hygienic SNP arrangements with a kitchen, store, safe drinking water and child friendly toilets, gas stove, utensils and early play/learning material etc. Women's SHGs should be involved in the production of items such as durries, local play/learning material.

Linkages with MGNREGS: It is suggested that guidelines for MGNREGS be modified to include AWC construction as a permissible work, thereby enhancing resources available for AWC construction. (Other resources could also include MSDP, BRGF, SSA, NRHM and Additional Central Assistance).

D. Introduce Nutrition Counselling as A Service

13. **Introduce a nutrition counsellor/additional AWW in ICDS** for improved family contact, nutrition counselling and care for pregnant and breastfeeding mothers and children under two years of age. This should be done initially in the most vulnerable and high burden districts, where the proposed National Programme is to be implemented and then progressively scaled up.

The additional AWW would ensure services for nutrition counselling, monitoring and promotion of young child growth and development, using the new joint Mother Child Protection Card, reaching food supplements and linking these age groups with the child care and health referral systems. She would support community based child care/crèche arrangements, if piloted, and linkages with MGNREGS child care provisions. Nutrition counselling will seek to ensure the promotion, protection and support of optimal infant and young child feeding practices, especially early and exclusive breastfeeding for the first six months of life. This will contribute to the operationalisation of the National Guidelines on Infant and Young Child Feeding (MoWCD 2006) and effective implementation of the Infant Milk Substitutes Feeding Bottles and Infant Food (Regulation of Production, Supply & Distribution) Act 1992 and its Amendment Act 2003.

This additional AWW/nutrition counsellor would also link mothers with IGMSY and adolescent girls with RGSEAG, the new schemes addressing the inter-generational cycle of undernutrition and anaemia. Resources from MGNREGS for the additional AWW could also be explored.

This would enable the other Anganwadi worker to improve the quality of centre based early learning and supplementary feeding activities, related to children 3-6 years of age and in strengthening linkages with Sarva Shiksha Abhiyan.

This will require closer supportive supervision provisions in ICDS, from the current supervisory ratio of 1:17-25 AWCs, and a redefinition of the role of the supervisor to a mentor, providing supportive supervision and on the job enrichment/problem solving. Additional resources should be provided to strengthen the ICDS supervisory unit as a cluster resource unit with the supervisor mentoring both AWWs and ASHAs in that cluster of villages/AWC, promoting convergent action for health and nutrition at local levels cost effectively and addressing the supervision/mentoring needs of ASHAs also.

- 14. Introduce nutrition counselling as a service** with a support chain and additional human resources, from village level i.e. the AWC to sub-centre, PHC, CHC, sub-division, district and state levels, linking ICDS and NRHM.

At the village level, the nutrition counsellor/AWW (rural/urban) will be for 1:1000 population, or as per the revised ICDS population norms. At the sub centre level, this could be within the role of the second ANM in EAG states, with appropriate training and mentoring support. At PHC level, MOs could be designated and trained as nutrition mentors, with additional nutrition officers/mentors in the ratio of 1:20 (mentor:counsellors) at block/CHC levels. There would be additional human resources needed, with a nutrition resource team and coordinators at district/state levels, linked to the proposed new department of nutrition. The support team will extend to cover state/district/block/sector/sub-centre levels. The training network will include existing institutions, such as home science and medical colleges, professional networks, and also draw upon voluntary action teams.

- 15. Harmonise, prioritise and refine the roles and responsibilities of the frontline worker team - ASHAs, AWWs and ANMs** - with greater emphasis on nutrition in NRHM and prioritised early home visiting for improved

antenatal, postnatal and early neonatal care. This requires a change in the existing guidelines of 2005, especially in the light of revised ICDS population and nutrition norms and the introduction of the new joint card with tracking of prioritised home visits. Similarly Village Health and Nutrition Days need to be used not only for routine immunisation, but also for an expanded outreach service package that includes nutrition related interventions.

E. National Nutrition Education and Communication Campaign

16. **Launch a national nutrition communication campaign**, linking across sectors for promoting optimal Infant and Young Child Caring and Feeding practices and Care of Girls and Women, also using opportunities provided by the Bharat Nirman Campaign and Sakshar Bharat. This will include different aspects related to care behaviours, i.e. health, hygiene, psychosocial care and early learning, supporting improved parenting, with shared responsibilities of both parents and family support for care.
17. **Nutrition Education** to be integrated appropriately/strengthened in the school education curriculum framework at national levels and linked to Mid-Day Meals, so that children also promote nutrition relevant practices in the community and through the Child to Child approach. This will also be incorporated in Sakshar Bharat. Similarly the nutrition component in the medical and nursing education curriculum will also be strengthened, networking medical colleges, nursing colleges and councils.
18. **Education of girls and women's literacy** to be promoted, responding to their nutrition, development and protection needs. Retention of girls in elementary and secondary schools, availing of MDM, health care, IFA supplementation and deworming interventions, increased duration of schooling, improved life skills and subsequent linkages to the Skill Development Mission, will be long term approaches for addressing gender discrimination, early marriage and early child bearing.

F. Nutrition Policy and Surveillance

19. **Operationalise a National Nutrition Surveillance System and Mapping**, working closely with Integrated Disease Surveillance, extending the current coverage of the National Nutrition Monitoring Bureau, especially to states/districts with high vulnerability. This should be rooted in community based assessment, analysis and action, with monthly growth monitoring of all under threes in ICDS, using new WHO child growth standards and the joint Mother Child Protection card. Use of ICT, GIS should be promoted for data collection, collation, analysis and interpretation, planning. It should also be linked to proposed UID systems, so that individual nutritional status, especially of pregnant mothers, young children can be tracked, and linked to GIS system nutritional mapping in these states/districts.

Annual DLHS surveys should be extended to converge the nutrition and health sectors, and expanded to all districts.

20. **Create a Policy Coordination Support Unit in Planning Commission** to provide technical back up support as needed, provide multisectoral policy

coordination support, linking with the PM's National Council on India's Nutrition Challenges, concerned Ministries/Sectors, and institutional mechanisms established under the National Nutrition Policy and the National Plan of Action for Nutrition. This would provide a setting that supports policy alignment across sectors and states, helps position nutrition centrally in development plans and programmes, linked to the Nutrition Surveillance System.

The Policy Coordination Support Unit will coordinate third party evaluations of proposed pilots/innovative models and new programmes, and will also be needed to facilitate evolution/design of the proposed new multisectoral programme and its institutional mechanisms.



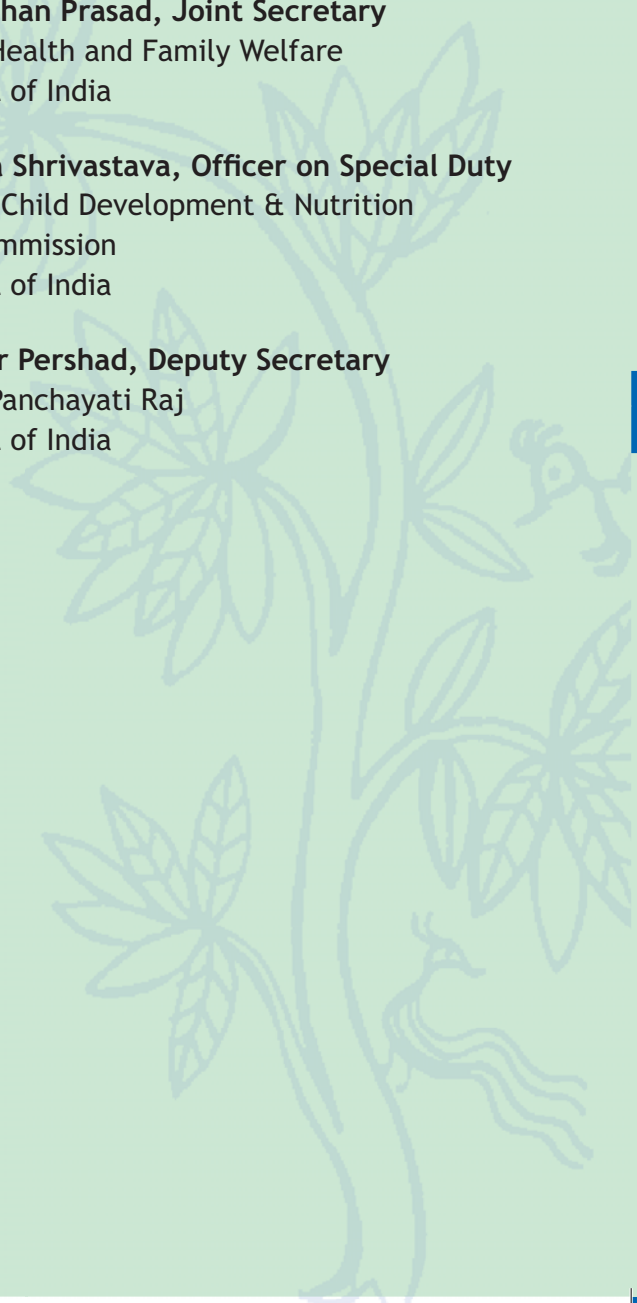
Members of the Core Group

Dr. Shreeranjana, Joint Secretary
Ministry of Women and Child Development
Government of India

Mr. Amit Mohan Prasad, Joint Secretary
Ministry of Health and Family Welfare
Government of India

Ms. Deepika Shrivastava, Officer on Special Duty
Women and Child Development & Nutrition
Planning Commission
Government of India

Mr. Maha Bir Pershad, Deputy Secretary
Ministry of Panchayati Raj
Government of India





Annexures





Annexure 1: Agenda

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Organised by the Planning Commission, Government of India

Venue: Indian Council of Agricultural Research (ICAR)
NASC Complex, PUSA, New Delhi

Dates: 7-8 August 2010

Agenda

Time	Topic	Presenters
Friday, 6 August, 2010		
Evening	Poster Session- State Specific displays of innovative approaches	
	Interaction with state teams and other stakeholders	
Saturday, 7 August, 2010		
08:30 - 09:00	Registration	
Opening Session	Setting the Context	
09:00 - 09:10	Presentation of Bouquets Lighting of the Lamp	
09:10 - 09:20	Welcome & Objectives of the Retreat	Ms. Vandana K. Jena Senior Adviser WCD and VAC Planning Commission
09:20 - 09:45	Voices from the Field	Ms. Archana Jangid, SHG, Chembur Block, Jaipur, Rajasthan Ms. Dinesh Sharma, AWW, Rajasthan Ms. Ranju Devi, ASHA, Jharkhand Ms. Chhaya Jadhav, ASHA, Maharashtra Mr. Sachin Baghel, Zilla Parishad member, Chhattisgarh
09:45 - 09:55	Address - Reaching Unreached Tribal Communities	Mr. Kantilal Bhuria Minister for Tribal Affairs
09:55 - 10:05	Address - Preventing the Intergenerational Cycle of Under-nutrition	Ms. Krishna Tirath Minister of State (IC) for Women and Child Development
10:05 - 10:10	Towards A National Plan of Action Framework for Nutrition	Ms. Sudha Pillai Member Secretary, Planning Commission
10:10 - 10:15	Summing Up	Dr. Syeda Hameed Member, Planning Commission
10:15 - 10:30	Tea/Coffee	

Time	Topic	Presenters
Session II	Voices From the Field Chaired by Dr. Syeda Hameed, Member, Planning Commission	
10:30 - 12:30	Listening to the voices of stakeholders	Ms. Aruna Sharma, Amer District, Rajasthan Ms. Ashima Gope, West Bengal Mr. Mukesh Kumar, Project Director, ICDS and CARE India Ms. P. Amudha, District Collector, Dharmapuri District, Tamil Nadu
12:30 - 13:30	Group Exercise and Affinity Process: Glads, Sads and Mads	Coordinated by Mr. Anil Sachdeva, CEO and Founder, SOIL, Gurgaon
13:30 - 14:30	Lunch	
14:30 - 15:15	Addressing India's Nutrition Challenges - Presentation and Discussion on the Joint Strategy Note	Dr Shreeranjana, Joint Secretary, Ministry of WCD Mr. Amarjeet Sinha, Joint Secretary, Ministry of HFW
Session III	Group Work on Strategy Themes	
15:15 - 15:30	Formation of Work Groups on Strategy Themes (What needs to be done)	
	I. Household Food Security and Livelihoods	Resource Facilitators' Team: Ms. Deepika Shrivastava, Consultant, WCD and Nutrition, Planning Commission Mr. Arunav Banerjee, SOIL
	II. Women and Child Care Services	
	III. Health Care and Services	
	IV. Water, Environmental Sanitation & Hygiene	
	V. Infant and Young Child Caring and Feeding practices	
	VI. Capacity Development and Community Processes	
	VII. Nutrition Policy, Planning and Surveillance	
15:30 - 17:00	Group Work on Strategy Themes (Tea/Coffee break in between)	
17:00 - 18:00	Presentation and discussion of Group Work Recommendations on Strategy Themes Incorporating Feedback and Building Consensus	Group Rapporteurs: Mr. Basanta Kar, Mr. Srinivas Varadan, Dr. Shilpi, Ms. Amudha, Dr. Arun Gupta, Mr. Samir Choudhary and Dr. Sangeeta Saxena
18:00 - 18:15	Tea/Coffee	

Time	Topic	Presenters
<i>Late evening street theatre/role play/skits by participants' teams - Issues and Solutions</i>		
Sunday, 8 August, 2010		
Session IV	Group Work on Strategy Options	
09:00 - 09:30	Open vote session on Strategy Options - Defining "How To"	All participants
09:30 - 09:45	Briefing on Group Work for 8 August Formation of Work Groups on Strategy Options (How To)	Resource Facilitators' Team: Ms. Deepika Shrivastava, Consultant, WCD and Nutrition Planning Commission Mr. Arunav Banerjee, SOIL
09:45 - 13:00	Group Work on possible options*-	
	I. National Child Malnutrition Prevention and Reduction Programme	Discussion Facilitators: Dr. Samir Chaudhari
	II. Panchayat Led Model/s	Mr. L.K. Atheeq Mr. Gyanendra Badgaian
	III. Conditional Cash Transfers	Ms. Firoza Mehrotra
	IV. ICDS Restructuring	Dr. Shreeranjana Dr. Brahman
	V. Nutrition Counselling Service Model	Dr. Arun Gupta
	VI. Institutional Arrangements at National/State/District/Block/Village Levels	Dr. Sundararaman Dr. Dinesh Paul
	VII. Nutrition Data, Mapping and Surveillance Systems	Dr. Prema Ramachandran Dr. N.K. Arora
	<i>*Grouping was finalised, based on the outcome of group work on 7 August 2010 and multi-voting</i>	
13:00 - 13:30	Finalisation of Group Work Reports and Poster Presentation	
	Consolidation of Major Action Recommendations	Resource Facilitators' Team
13:30 - 14:30	Lunch	
Session V	Understanding Strategy Options Chaired by Dr. Syeda Hameed, Member, Planning Commission	
14:30 - 16:00	Presentation and discussion of Group Work Recommendations on Strategic Options for "How To"	Group Rapporteurs: Ms. Indu Capoor, Mr. Basanta Kar, Ms. Mukta Arora, Ms. Ira Tanwar, Mr. Subramaniam, Mr. Lov Verma and Dr. Rajul Gupta
Concluding Session	Recommending Strategic Choices Chaired by Dr. Montek Singh Ahluwalia, Deputy Chairman, Planning Commission	
16:00 - 16:10	An Overview of the Retreat	Mr. Anil Sachdeva, CEO and Founder, SOIL, Gurgaon

Time	Topic	Presenters
16:10 - 16:25	Voices from the Field	State Teams: Ms. B. Kamalangi, ICDS Supervisor, Gajapati District, Orissa Ms. Kunti Bora, ICDS Supervisor Kakudona, Golaghat, Assam Ms. A. Usha Rani, AWW, Tamil Nadu
16:25 - 16:45	A Synthesis of Major Recommendations	Resource Facilitators' Team: Dr. Arun Gupta Dr. N. K. Arora
16:45 - 17:05	Comments on Emerging Strategic Choices	Prof. Abhijit Sen, Member, Planning Commission Ms. Sujatha Rao, Secretary, MoHFW Mr. D.K. Sikri, Secretary, MoWCD
17:05 - 17:15	Concluding Remarks	Dr. Montek Singh Ahluwalia Deputy Chairman, Planning Commission
17:15 - 17:25	Summing up	Dr. Syeda Hameed Member, Planning Commission
17:25 - 17:30	Wrap Up and Vote of Thanks	Ms. Sudha P. Rao Adviser, WCD & VAC Planning Commission
17:30 - 18:00	Tea/Coffee	

Annexure 2: List of Participants



Ministers

- Mr. Kantilal Bhuria, Minister for Tribal Affairs
- Ms. Krishna Tirath, Minister of State (IC) for Women and Child Development

Planning Commission

- Dr. Montek Singh Ahluwalia, Deputy Chairman
- Dr. (Ms.) Syeda Hameed, Member
- Ms. Sudha Pillai, Member Secretary
- Mr. Arun Maira, Member
- Prof. Abhijit Sen, Member
- Ms. Vandana Kumari Jena, Senior Adviser, WCD & VAC
- Dr. N K Sethi, Senior Adviser (Health & Family Welfare)
- Ms. Deepika Shrivastava, Consultant, WCD & Nutrition
- Mr. S. P. Chauhan, Advisor RD
- Ms. Sudha P. Rao, Adviser WCD & VAC
- Ms. Rupa Dutta, Director, WCD & VAC

Prime Minister's Office

- Mr. Sanjay Mitra, Joint Secretary PMO
- Mr. L. K. Atheeq, Director, PMO

Secretaries/Additional/Joint Secretaries - Government of India

- Ms. K. Sujatha Rao, Secretary, Ministry of Health & Family Welfare
- Mr. D.K. Sikri, Secretary, Ministry of Women & Child Development
- Mr. H. Panda, Additional Secretary, Ministry of Panchayati Raj
- Mr. Sudhir Kumar, Additional Secretary, MoWCD
- Dr. Shreerajan, Joint Secretary, MoWCD
- Mr. Sanjiv Khirwar, PS to MOS I/C WCD
- Mr. Amarjeet Sinha, Joint Secretary NRHM, Ministry of Health & Family Welfare
- Mr. Amit Mohan Prasad, Joint Secretary, MoHFW
- Dr. B. K. Tiwari, Advisor Nutrition, MoHFW
- Dr. Sangeeta Saxena, AC Child Health, Ministry of Health and Family Welfare
- Mr. T. M. Vijay Bhaskar, Joint Secretary, Dept of Drinking Water Supply, Ministry of Rural Development

State WCD/HFW/Other Secretaries

- Dr. Sarita Singh, Secretary WCD, Government of Rajasthan
- Dr. Usha Titus, Secretary WCD, Government of Kerala
- Mr. A. Som, Commissioner and Secretary, SW/WCD, Govt. of Meghalaya
- Dr. Manohar Agnani, Mission Director NRHM, Govt. of Madhya Pradesh
- Ms. N. Vijaya Lakshmi, Director, ICDS, Government of Bihar

National Councils/Commissions

- Dr. Arun Gupta, Member PM's National Council on Nutrition and National Coordinator BPNI, Regional Coordinator IBFAN
- Dr. Prema Ramachandran, Member PM's National Council on Nutrition and Director NFI
- Mr. Amod Kanth, Chairperson, Delhi State Commission For Protection of Child Rights
- Mr. Lov Verma, Member Secretary, National Commission For Protection of Child Rights
- Mr. Jawahari Singh, National Commission for Women, New Delhi

National Institutions

- Dr. G. N. V. Brahmam, HOD National Institute of Nutrition
- Dr. Dinesh Paul, Director, NIPCCD
- Dr. Neelam Bhatia, Joint Director, NIPPCD
- Dr. Deoki Nandan, Director, NIHFV
- Dr. T. Sundararaman, Executive Director, NHSRC
- Dr. K. Srinath Reddy, President, Public Health Foundation of India
- Dr. C. S. Pandav, Professor and HOD Community Medicine
- Dr. Arvind Singh, Rr, AIIMS
- Dr. Nikhil S.V Jr, CCM, AIIMS

Experts, Civil Societies, NGOs and Development Partners

- Mr. Anil Sachdeva, CEO and Founder, SOIL
- Mr. Arunav Bannerjee, SOIL
- Dr. Rajiv Tandon, Save The Children
- Mr. Ramesh Babu, USAID
- Ms. Firoza Mehrotra, Expert and Former Special Consultant, Planning Commission
- Dr. N. K. Arora, INCLIN
- Dr. Ajay Gaur, Prof. Paediatrics Gwalior Medical College
- Dr. Samir Chaudhri, Director, CINI
- Mr. Mukesh Kumar, Executive Director, CARE India
- Dr. Mohamed Musa, Country Representative, CARE India
- Mr. Satyaswar Nayak, CARE India
- Mr. Basanta Kar, Director, CARE India
- Ms. Vimala Ramakrishnan, Director, New Concept
- Ms. Ashi Kohli Kathuria, World Bank
- Ms. Karin Hulshof, Country Representative, UNICEF India
- Dr. Nidhi Choudhary, WHO
- Mr. Victor Aguayo, UNICEF India
- Mr. Chris Chalmers, Country Director, DFID
- Ms. Anne Philpott, DFID
- Mr. Sangay Thinley, Acting Country Representative, WHO India
- Mr. Yunas Tegegn, WHO
- Ms. Indu Capoor, Founder Director, CHETNA (India)
- Dr. Monisha Behal, North Eastern Network
- Ms. Priyanka Singh, In-charge - Health & Education Programme
- Ms. Swati Patel, Seva Mandi
- Ms. Jasodhara Dasgupta, SAHAYOG
- Mr. Ashok Rao, Secretary, Swami Sivananda Memorial Trust
- Mr. Gyanendra Badgaian, Poverty Action Lab

- Mr. K. S. Subrahmaniam, CARE INDIA, Hyderabad, AP
- Dr. Alok Mukhopahyay, Chief Executive Voluntary Health Association of India
- Dr. Anupa Sidhu, Principal, Lady Irwin College, New Delhi
- Dr. Anchita Patil, USAID
- Ms. Sarita Anand, Lecturer Nutrition, Lady Irwin College
- Ms. S.A. Jain, FNB, Govt. of India
- Mr. Shashank Grahacharjya, Consultant MoWCD
- Mr. Srinivas Varadan, Consultant, MoWCD
- Mr. Surendra Singh, MoWCD
- Ms. Anita Makhijani, FNB
- Mr. Abhishek Neelakantan, New Concept, Delhi
- Ms. Parul Baghel, New Concept, Delhi
- Ms. Ajaa Sharma, New Concept, Delhi
- Ms. Ayesha Vemuri, New Concept, Delhi

Members of the Press

- Mr. S.C. Bhatia, Assistant Director, CPC, New Delhi
- Mr. H.R. Naik, PEX, CPC, New Delhi
- Mr. Harender Kumar Garg, PEX, New Delhi

Supporting Team

Planning Commission

- Ms. Nandita Mishra
- Mr. Alok Kumar
- Ms. Astha Kapoor
- Dr. Rajul Gupta
- Dr. Shilpi
- Dr. R.V.P. Singh
- Mr. D. Meher
- Mr. Pandey

SOIL

- Ms. Aditi Dalmia
- Mr. Adwaita Govind Menon
- Mr. Budhadya Baul
- Mr. Harpreet Kapoor
- Mr. Jobby Mathew
- Ms. Natasha Vermani
- Mr. Nikhil Parmar
- Ms. Ragini Tyagi
- Ms. Shailee Mody
- Mr. Sidhant Thakur
- Ms. Smitha J S
- Mr. Varun Singh
- Mr. Vasudevan Chinnathambi

State Teams

Andhra Pradesh

- Ms. S.K. Saidani, AWW, Kariterlagudem, Gopalapuram project, O/o Gopalapuram ICDS, West Godavari District, Andhra Pradesh
- Ms. Shyamala, ANM, Golagaon, Dankada, Vizianagaram District, Andhra Pradesh

Jharkhand

- Dr. Satish Kumar Sinha, Dir. Health Services
- Ms. Akay Minz, State Programme Co-ordinator, VSRC
- Ms. Mariam Sanga, Community representative, ASHA, V.P.O Jaltanda, Khunti District, Jharkhand
- Ms. Poonam Devi, Community Representative, ASHA, Chatakpur village, Sidraul, Ranchi District, Jharkhand
- Ms. Sarita Devi, AWW, Post-Mahilong, Thana - Tatisivai, Namkum, Ranchi District, Jharkhand
- Ms. Snehalata Srivastava, AWW, Supudera 2 AWC, Golmuri Jugsalai, East Singhbhum District, Jharkhand
- Ms. Ranjana Kumari, ANM, MTC, Sadar Hospital, Gumla District, Jharkhand
- Ms. Ranju Devi, ASHA, Sariahat, Dumka Village, Koshiyari, Post-Chutia, Sariahat Block, Dumka District, Jharkhand

Bihar

- Ms. Shobha Rani Karan, AWW, Centre Sadar-3, Nathu Lane, Patna District, Bihar
- Ms. Uma Kumari, ASHA, Bindu Block, Bhairampur, Biddupur, Vaushaili District, Bihar
- Ms. Pratibha Devi, Member, SHG, V.P.O., Poswa District, Bhojpur, Bihar

West Bengal

- Ms. Sharmila Sarkar, AWW, Memari - 1, Burdwan District, West Bengal
- Ms. Manasi Roy, ASHA, Bamangola Block, Malda District, West Bengal
- Ms. Ashima Gope, ANM, Raiganj, Uttar Dinajpur District, West Bengal

Orissa

- Ms. Bhagyabati Pattnaik, AWW, Muligumma AWC, Rayagada ICDS Project Gajapati
- Ms. B. Kamalangi, ICDS Supervisor, Narayanpur Section, Rayagada ICDS Project, Gajapati
- Ms. Jhani Sabar, SHG Member, Fanashree SSG, Muligumma, Rayagada Block, Gajapati
- Ms. Ambika Mohapatra, AWW, Bairasa/Budel Sector, Puintala Block, Bolangir District, Orissa
- Ms. Surjykanti Pandhi, ANM Kalahandi, At. Beherapati, Po Sargiguda, Kalahandi District, Orissa
- Ms. Sarpati Tudu, President, Zilla Parishad, Mayurbhanj, Orissa

Tamil Nadu

- Ms. P. Amudha, District Collector, Dharmapuri District, Tamil Nadu
- Ms. M. Kasturi, AWW, Dharmapuri District, Tamil Nadu
- Ms. G. Kalavathi, AWW, Dharmapuri District, Tamil Nadu
- Mr. Ravindranath Singh, Deputy Director ICDS - Nodal Officer
- Ms. K. Kanmani, Deputy Director Nutrition
- Mr. K Anbalagan, Assistant Director (IEC & Monitoring)
- Ms. S. Fahitha, Child Development Project Officer, Sriperumbudur district, Chennai, Tamil Nadu
- Mr. S. Ramachandran, Superintendent
- Ms. A. Usha Rani, AWW, Chellaperumal Nagar, Sriperumbudur District, Chennai,

Tamil Nadu

- Mr. L D George, Panchayat Raj, Institutional Member, Sriperumbudur District, Chennai, Tamil Nadu
- Ms..Uday C.Lal Department of ICDS, Tamil Nadu
- P. Adalarash, Department of ICDS, Tamil Nadu
- R. Kaliyappan, ICDS, Tamil Nadu

Meghalaya

- Mr. C C M Mihsil, IAS Director of Social Welfare, Shillong, Meghalaya
- Mr. L N Jyrwa, Addl Director of Social Welfare, Shillong, Meghalaya
- Ms. E Basaiawmoit, Assistant Director of Social Welfare (ICDS), Shillong, Meghalaya
- Ms. S. Rynga, Programme Officer (ICDS) Directorate of Social Welfare, Shillong, Meghalaya
- Mr. I Talang, District Programme Officer (ICDS cell), Shillong, Meghalaya
- Ms. Arphita B Marak, AWW, Selsella ICDS Project, Shillong, Meghalaya
- Ms..Emily, Social Welfare (ICDS), Shillong
- Ms.Rishowar, Social Welfare (ICDS), Shillong
- Mr. R B Shadap, Community Leader, Umsning ICDS Project, West Garo Hills District, Shillong, Meghalaya
- Ms. Baphira Kharbuli, Member, Mother's Committee/SHG Myllem ICDS Project, Shillong, Meghalaya

Maharashtra

- Ms. Rita S Gaikwad, District Programme Manager, NRHM cell
- Dr. R C Sagar, NRHM, Maharashtra
- Dr. Dilip Datnaik, ICDS Aurangabad
- Ms.Surekha Patil, ICDS Aurangabad
- Ms.Tara ICDS Aurangabad
- Ms. Chhaya R. Jadhav, ASHA, Nadora village, Palgarh, Thane District, Maharashtra
- Ms. Smita G. Patil, Member, Panchayat Samiti, Palgarh, Thane District, Maharashtra

Himachal Pradesh

- Ms. Ira Tanwar, Child Development Project Officer, ICDS
- Ms. Amravati Sharma, Supervisor, ICDS project, Solan District, Himachal Pradesh
- Ms. Prema Devi, SHG Member, Solan District, Himachal Pradesh

Rajasthan

- Ms. Dinesh Sharma, AWW, Rajasthan
- Ms. Aruna Sharma, ASHA, Amer District, Rajasthan
- Ms. Archana Jangid, SHG Member, Chembur Block, Jaipur, Rajasthan
- Ms.Manju Soni, ICDS Jaipur, Rajasthan
- Ms. Ranjeeta, Lady Supervisor
- Ms. Mukta Arora, Nutrition Coordinator, DWCD, Jaipur, Rajasthan
- Mr. Santosh Jain, Supervisor, Sanganer District, Rajasthan
- Ms. Hemlata Vijat, AWW, Jaipur - III District, Rajasthan
- Ms. Radha Mani, ANM, Bundalsar-Dungargarh, Bikaner District, Rajasthan
- Ms. Raju Devi, ASHA, Katakabadi-Ashapura, Jamalsar District, Rajasthan

Kerala

- Ms. Mumthas T.V., Member, Block Panchayat, Malappuram, Kerala
- Ms. K T Deveki, AWW, Kavanoor Panchayat, Kerala
- Ms. O P Rema, Supervisor, ICDS Mankada, Malappuram, Kerala
- Ms. Thasneem P.S., Department of Social Welfare, Kerala

Assam

- Ms. Kunti Bora, Supervisor, ICDS Project Kakudonga, Golaghat District, Assam
- Ms. Kalpana Gayan, AWW, Barhampur ICDS AWC, Nagaon District, Assam

Uttar Pradesh

- Ms. Jeet Kaur Nirbhay, Mashay Sevika, Block Campus, Bal Vikas Pariyojna, Jewar, Gautam Budh Nagar District, Uttar Pradesh
- Ms. Pushpa Singh, AWW, Banisaradul, Bhangrauli Road, Jewar Gautam Budh Nagar, Uttar Pradesh
- Ms. Sunita Nagar, ASHA, Roja Jalalpur village, Visrakh Block, Gautam Budh Nagar, Uttar Pradesh
- Ms. Seema Singh, President, Mother's Committee, Ward No.8, Bhangrauli Road, Jewar, Gautam Budh Nagar, Uttar Pradesh
- Mr. Santosh, Deputy Director, ICDS, UP

Chhattisgarh

- Ms. Nandini Chandrakar, AWW, Village Rasni, Block Aurang, Raipur District, Chhattisgarh
- Ms. Sunita Sahu, ANM, Sub-centre Tumudiband, Block Dongargaon, Rajnandgaon District, Chhattisgarh
- Ms. Gomti Sahu Sarpanch, Elected PRI at Village level, Village Bhansuli K., Patan Block, Durg District, Chhattisgarh
- Mr. Sachin Singh Baghel, Zilla Parishad member, Chhattisgarh

And many other participants who could not stay all through.

Group Work Participants

Day I: 7 August 2010

Group I: Household Food Security and Livelihoods

- S. A. Jain, Ministry of Women & Child Development, Govt. of India
- Sharmila Sarkar AWW, Memari - 1, Burdwan District, West Bengal
- Smita G. Patil, Member, Panchayat Samiti, Palgarh, Thane District, Maharashtra
- Sarita Singh, Secretary WCD, Government of Rajasthan
- Surendra Singh, MoWCD
- Yunas Tegegn, WHO
- K Kanmani, Deputy Director, Nutrition, Tamil Nadu
- I. Talang, District Programme Officer (ICDS cell), Shillong, Meghalaya
- L. N. Jyrwa, Addl Director of Social Welfare, Shillong, Meghalaya
- Shashank Grahacharjya, Consultant MoWCD
- Bhagyabati Pattnaik, AWW, Muligumma AWC, Rayagada ICDS Project Gajapati, Orissa
- B. Kamalangi, ICDS Supervisor, Narayanpur Section, Rayagada ICDS Project, Gajapati, Orissa

Group II: Women and Child Care Services

- Dr. Anchita Patil, USAID
- Dr. Nidhi Choudhary, WHO
- R. B. Shadap, Community Leader, Umsning ICDS Project, West Garo Hills District, Shillong, Meghalaya
- D. K. Sikri, Secretary, Ministry of Women & Child Development
- Usha Titus, Secretary WCD, Government of Kerala
- Dr. Shreeranjana, Joint Secretary, MoWCD
- Mumthas T.V., Member, Block Panchayat, Malappuram, Kerala
- Aruna Sharma, ASHA, Amer District, Rajasthan
- L. D. George, Panchayat Raj, Institutional Member, Sriperumpudur District, Chennai, Tamil Nadu
- Vimala Ramakrishnan, Director, New Concept
- Sarita Anand, Lecturer Nutrition, Lady Irwin College

Group III: Health Care Services

- Dr. Manohar Agnani, Mission Director NRHM, Govt. of Madhya Pradesh
- Dr. S. K. Sinha, Dir. Health Services, Jharkhand
- Akay Minz, State Programme Co-ordinator, VSRC, Jharkhand
- Amod K. Kanth, Chairperson, Delhi State Commission For Protection of Child Rights
- Thasneem P. S, Department of Social Welfare, Kerala
- Snehalata Srivastava, AWW, Supudera 2 AWC, Golmuri Jugsalai, East Singhbhum District, Jharkhand
- Jeet Kaur Nirbhay, Mashay Sevika, Block Campus, Bal Vikas Pariyojna, Jewar, Gautambudh Nagar District, Uttar Pradesh

- Pushpa Singh, AWW, Banisaradul, Banghrauli Road, Jewar Gautam Budh Nagar, Uttar Pradesh
- P. Amudha, District Collector, Dharmapuri District, Tamil Nadu
- K. Ambalagan, Assistant Director (IEC)
- Ira Tanwar, Child Development Project Officer, ICDS, HP
- Kunti Bora, Supervisor, ICDS Project Kakudonga, Golaghat District, Assam
- Ashima Gope, ANM, Raiganj, Uttar Dinajpur District, West Bengal

Group IV: Water, Environmental Sanitation and Hygiene

- Dr. Prema Ramachandran, Member PM's National Council on Nutrition and Director NFI
- Firoza Mehrotra, Expert and Former Special Consultant, Planning Commission
- Uma Kumari, ASHA, Bindu Block, Bhairampur, Biddupur, Vaushaili District, Bihar
- Pratibha Devi, Member, SHG, V.P.O., Poswa District, Bhojpur, Bihar
- Chhaya Jadhav, ASHA, Nadora village, Palgarh, Thane District, Maharashtra
- Sachin Singh Baghel, Zilla Parishad member, Chhattisgarh
- Rita S Gaikwad, District Programme Manager, NRHM cell, Maharashtra
- G. Kalavathi, AWW, Dharmapuri District, Tamil Nadu
- Archana Jangid, SHG Member, Chembur Block, Jaipur, Rajasthan
- Prema Devi, SHG Member, Solan District, Himachal Pradesh
- O P Rema, Supervisor, ICDS Mankada, Malappuram, Kerala
- M. Kasturi, AWW, Dharmapuri District, Tamil Nadu
- Kalpana Gayan, AWW, Barhampur ICDS AWC, Nagaon District, Assam
- Ashi Kohli Kathuria, World Bank
- Shobha Rani Karan, AWW, Centre Sadar-3, Nathu Lane, Patna District, Bihar
- K.T. Deveki, AWW, Kavanoor Panchayat, Kerala

Group V: Infant and Young Child Caring and Feeding Practices

- Lov Verma, Member Secretary, National Commission For Protection of Child Rights
- Arindam Som, Commissioner and Secretary, SW/WCD, Govt. of Meghalaya
- Arphila B Marak, AWW, Selsella ICDS Project, Shillong, Meghalaya
- Basanta Kumarkar, Director, CARE India
- Dr. Monisha Behl, North Eastern Network
- Aruna Sharma, ASHA, Amer District, Rajasthan
- Poonam Devi, Community Representative, ASHA, Chatakpur village, Sidraul, Ranchi District, Jharkhand
- Ashima Gope, ANM, Raiganj, Uttar Dinajpur District, West Bengal
- Jawahari Singh, National Commission for Women, New Delhi
- Amravati Sharma, Supervisor, ICDS project, Solan District, Himachal Pradesh
- S.K. Saidani, AWW, Kariterlagudem, Gopalapuram project, O/o Gopalapuram ICDS, West Godavari District, Andhra Pradesh
- Sudhir Kumar, Additional Secretary MoWCD
- Dr. K. Srinath Reddy, President, Public Health Foundation of India
- Sharmila Sarkar AWW, Memari - 1, Burdwan District, West Bengal
- Indu Capoor, Founder Director, CHETNA (India)
- Abhishek Neelakantan, New Concept
- Seema Singh, President, Mother's Committee, Ward No.8, Bhangrauli Road, Jewar, Gautam Budh Nagar, Uttar Pradesh
- Mukesh Kumar, Executive Director, CARE India

- Dr. Arun Gupta, Member PM's National Council on Nutrition and National Coordinator BPNI, Regional Coordinator IBFAN

Group VI: Capacity Development and Community Processes

- L. K. Atheeq, Director, PMO
- Mukta Arora
- Dr. Anupa Sidhu, Principal, Lady Irwin College, New Delhi
- Saurabh Porwal, CARE
- Dr. N. Vijaya Lakshmi, Director, ICDS, Government of Bihar
- E. Basaiawmoit, Assistant Director of Social Welfare (ICDS), Shillong, Meghalaya
- Subhash Moghe, CARE
- Satyaswar Nayak, O.O. CARE India
- Dr. Sangeeta Saxena, AC Child Health, Ministry of Health and Family Welfare

Group VII: Nutrition policy planning and surveillance

- Dr. Ajay Gaur, Prof. Paediatrics Gwalior Medical College
- Dr. G. N. V. Brahmam, HOD National Institute of Nutrition
- Dinesh Sharma, AWW, Rajasthan
- S. Prabhath, A.T.A, MoWCD
- Dr. N. K. Arora, INCLEN
- Srinivas Varadan, Consultant, MoWCD
- Anita Makhijani, FNB
- G. Ravindranath Singh, Deputy Director ICDS - Nodal Officer, Tamil Nadu
- Dr. R. C. Sagar, NRHM, Maharashtra
- K. S. Subrahmaniam, CARE INDIA, Hyderabad, AP

DAY 2: 8 August 2010

Group I: National Child Malnutrition Prevention & Reduction Programme

- Dinesh Sharma, AWW, Rajasthan
- Sharmila Sarkar, AWW, West Bengal
- Sarita Singh, Secretary WCD, Government of Rajasthan
- Smita G. Patil, Member, Panchayat Samiti, Palgarh, Thane District, Maharashtra
- Chhaya Jadhav, ASHA, Nadora village, Palgarh, Thane District, Maharashtra
- Abhishek Neelakantan, New Concept, Delhi
- Rita S. Gaikwad, District Programme Manager, NRHM cell, Maharashtra
- Satyaswar Nayak, O.O. CARE India
- Ashi Kohli Kathuria, World Bank
- Indu Capoor, Founder Director, CHETNA (India)

Group II: Panchayat Led Models

- Basanta Kumarkar, Director, CARE India
- Shashank Grahacharjya, Consultant, MoWCD
- Sachin Singh Baghel, Zilla Parishad member, Chhattisgarh
- Bhagyabati Pattnaik, AWW, Muligumma AWC, Rayagada ICDS Project Gajapati, Orissa

- Dr. N. Vijaya Lakshmi, Director, ICDS, Government of Bihar
- L. K. Atheeq, Director, PMO

Group III: Conditional Cash Transfers

- Thasneem P. S, Department of Social Welfare, Kerala
- K. T. Deveki, AWW, Kavanoor Panchayat, Kerala
- P. Rema, Supervisor, ICDS Mankada, Malappuram, Kerala
- M. Kasturi, AWW, Dharmapuri District, Tamil Nadu
- Kalpana Gayan, AWW, Barhampur ICDS AWC, Nagaon District, Assam
- Shobha Rani Karan, AWW, Centre Sadar-3, Nathu Lane, Patna District, Bihar
- Firoza Mehrotra, Expert and Former Special Consultant, Planning Commission
- Uma Kumari, ASHA, Bindu Block, Bhairapur, Biddupur, Vaishali District, Bihar
- G. Kalavathi, AWW, Dharmapuri District, Tamil Nadu
- Archana Jangid, SHG Member, Chembur Block, Jaipur, Rajasthan
- Prema Devi, SHG Member, Solan District, Himachal Pradesh

Group IV: ICDS Restructuring

- Ira Tanwar, Child Development Project Officer, ICDS, HP
- Mumthas T.V., Member, Block Panchayat, Malappuram, Kerala
- K. Ambalagan, Assistant Director (IEC)
- I. Talang, District Programme Officer (ICDS cell), Shillong, Meghalaya
- P. Adalarash, Department of ICDS, Tamil Nadu
- R. Kaliyappan, ICDS, Tamil Nadu
- Mariam Sanga, Community representative, ASHA, V.P.O Jaltanda, Khunti District, Jharkhand
- P. Amudha, District Collector, Dharmapuri District, Tamil Nadu
- Dr. Saroj K. Adhikari, MoWCD
- S. Fahitha, Child Development Project Officer, Sriperumbudur district, Chennai, Tamil Nadu
- A. Usha Rani, AWW, Chellaperumal Nagar, Sriperumbudur District, Chennai, Tamil Nadu
- B. Kamalangi, ICDS Supervisor, Narayanpur Section, Rayagada ICDS Project, Gajapati, Orissa
- S. K. Saidani, AWW, Kariterlagudem, Gopalapuram project, O/o Gopalapuram ICDS, West Godavari District, Andhra Pradesh
- N. Shyamala, ANM, Golagaon, Dankada, Vizianagaram District, Andhra Pradesh
- Dr. Arvind Singh, Rr, AIIMS
- Dr. Shreerajan, Joint Secretary, MoWCD
- Srinivas Varadan, Consultant, MoWCD

Group V: Nutrition Counselling Service Model

- Dr. Neelam Bhatia, Joint Director, NIPPCD
- Dr. Arun Gupta, Member PM's National Council on Nutrition and National Coordinator BPNI, Regional Coordinator IBFAN
- Dr. Anchita Patil, USAID
- Dr. Nikhil S.V, Jr, CCM, AIIMS
- S. Prabhath, A.T.A, MoWCD

- Prakash Nayak, Technical Specialist-BCC
- Amravati Sharma, Supervisor, ICDS project, Solan District, Himachal Pradesh
- Sunita Sahu, ANM, Sub-centre Tumudiband, Block Dongargaon, Rajnandgaon District, Chhattisgarh
- Sunita Nagar, ASHA, Roja Jalalpur village, Visrakh Block, Gautam Budh Nagar, Uttar Pradesh
- K. S. Subrahmaniam, CARE INDIA, Hyderabad, AP
- Jawahari Singh, National Commission for Women, New Delhi
- Jeet Kaur Nirbhay, Mashay Sevika, Block Campus, Bal Vikas Pariyojna, Jewar, Gautam Budh Nagar District, Uttar Pradesh Santhosh, Deputy Director, TCDS, UP
- Pratibha Devi, Member, SHG, V.P.O., Poswa District, Bhojpur, Bihar
- Pushpa Singh, AWW, Banisaradul, Banghrauli Road, Jewar Gautam Budh Nagar, Uttar Pradesh

Group VI: Institutional Arrangements at National/State/District/Block/Village Levels

- Dr. S. K. Sinha, Dir. Health Services, Jharkhand
- Dr. Manohar Agnani, Mission Director NRHM, Govt. of Madhya Pradesh
- Baphira Kharbuli, Member, Mother's Committee/SHG Myllem ICDS Project, Shillong, Meghalaya
- Saurabh Porwal, CARE
- Dr. Nidhi Choudhary, WHO
- Dr. Dinesh Paul, Director, NIPCCD
- Surendra Singh, MoWCD
- Anita Makhijani, FNB
- Dr. Anuradha Jain, Consultant, NHSRC
- Akay Minz, State Programme Co-ordinator, VSRC, Jharkhand
- Dr. Rajiv Tandon, Save The Children
- K. Ashok Rao, Secretary, Swami Sivananda Memorial Trust
- Lov Verma, Member Secretary, National Commission for Protection of Child Rights
- Dr. Nidhi Choudhary, WHO
- Saurabh Porwal, CARE
- Subhash Moghe, CARE

Group VII: Nutrition Data, Mapping and Surveillance Systems

- Ranjana Kumari, ANM, MTC, Sadar Hospital, Gumla District, Jharkhand
- Ranju Devi, ASHA, Sariahat, Dumka Village, Koshiyari, Post-Chutia, Sariahat Block, Dumka District, Jharkhand
- G. Ravindranath Singh, Deputy Director ICDS - Nodal Officer, Tamil Nadu
- Dr. G.N.V Brahman, HOD, National Institute of Nutrition
- Dr. R. C. Sagar, NRHM Maharashtra
- Y. S. Kataria, Director (Media), MoWCD Systems
- Dr. N.K. Arora, INCLEN
- Prema Ramachandran, Member PM's National Council on Nutrition and Director NFI
- Maitreeji Kollegal, Director, International Institute of Health Management Research, New Delhi
- Roma. N, Social Welfare Government, Meghalaya
- Parul Baghel, New Concept

Annexure 3: Terms of Reference for Group Work – 7 August 2010

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work- 7 August 2010

1. The time provided for group work is 14:45 hours to 16:15 hours on 7 August 2010. Group reports will be presented at 16:15 hours.
2. The objective of the group work is to recommend what needs to be done under different strategy themes, to address India's nutrition challenges. A copy of the detailed strategy note prepared by the Ministries of Women and Child Development and Health and Family Welfare is available for ready reference, as well as a summary note of the same.
3. Discussion on strategy themes would be informed by the evidence of what works and why, as well as the rich experience of group members, from different stakeholder groups, state, field level functionaries and community members.
4. The discussion would be structured around the seven themes presented in the 7 August morning session by both ministries-
 - Group I – Household Food Security and Livelihoods
 - Group II – Women and Child Care Services
 - Group III – Health Care and Services
 - Group IV – Water, Environmental Sanitation & Hygiene
 - Group V – Infant and Young Child Caring and Feeding Practices
 - Group VI – Capacity Development and Community Processes
 - Group VII – Nutrition Policy, Planning and Surveillance
5. Groups have been brought together, to provide a mix of different stakeholder perspectives, states and programming contexts.
6. Resource Facilitators' teams are available to each group. These include experts and representatives of the concerned ministries of the Government of India.
7. Please identify a chairperson for your group and identify the group rapporteur for your group. Please inform the facilitator if language translation is needed,
8. It is suggested that the presentation summarise major recommendations.
9. The use of flip charts/cards is recommended, to facilitate participation of all group members. For presentation, use of powerpoints would facilitate synthesis of reports.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group I - Household Food Security and Livelihoods

1. Please discuss major issues in ensuring universal availability and access to household food security, especially for unreached and excluded groups and groups with high nutritional vulnerability.
2. Discuss the recommendations emerging for the draft National Food Security Act and suggest further interventions needed to move towards the concept of nutrition security.

(This may also include issues related to intra household food distribution and absorption).

3. Please identify major issues in improving the Targeted Public Distribution System and suggest interventions for increasing the access of the poorest and most vulnerable groups.
4. Similarly, please suggest key interventions for strengthening food supplementation programmes, such as the Mid Day Meal Scheme, AAY etc. (ICDS covered by group 2), with greater ownership of panchayats and local communities.
5. Please identify major issues in improving access to livelihood security through programmes such as MGNREGA. Suggest interventions for engendering the same.
6. What is the change we would like to see in the above in the next 5 years?
7. What are the 5 key recommendations for increasing access to household food security and livelihoods?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group II - Women and Child Care Services

1. Please identify major issues in improving nutrition and development outcomes through women and child care services, such as ICDS, crèches, and other upcoming schemes (such as Indira Gandhi Matritva Sahyog Yojana, and Rajiv Gandhi Scheme for the Empowerment of Adolescent Girls).
2. What interventions and services are needed for addressing the intergenerational cycle of under-nutrition, focusing on reaching the crucial and most vulnerable prenatal- under two years age group?
3. What is needed for increasing the effectiveness of ICDS in preventing and reducing under-nutrition and promoting young child survival and development?
4. Discuss the roles of ICDS & Health functionaries - ANMs, AWWs, ASHAs, AWHs and how team work can be strengthened, with greater community involvement, especially at critical contact points.
5. Suggest how convergence of major flagship programmes and others can enhance the effectiveness of different services for women, children and adolescent girls, with greater decentralisation and ownership of women, communities and Panchayati Raj Institutions.
6. What is the change we would like to see in the next 5 years?
7. What are the 5 key recommendations for progressively universalising access, enhancing the quality and impact of women and child care services?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group III - Health Care and Services

1. Please discuss major issues in improving the nutrition component and impact of NRHM and other health related interventions.
2. What interventions and health services are needed for addressing the intergenerational cycle of under-nutrition, focusing on reaching the crucial and most vulnerable prenatal- under two years age group?
3. What is needed for increasing the effectiveness of NRHM in preventing and reducing maternal, infant and child under-nutrition and related mortality?
4. Discuss the roles of ICDS & Health functionaries- ANMs, AWWs, ASHAs, and AWHs and how team work can be strengthened, with greater community involvement, especially at critical contact points.
5. Suggest how NRHM decentralised planning processes and institutional mechanisms can be used to accelerate community action for nutrition- especially in the states/districts with high nutritional vulnerability?
6. What is the change we would like to see in the next 5 years?
7. What are the 5 key recommendations for progressively universalising access, enhancing the quality and impact of health care and services?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group IV - Water, Environmental Sanitation & Hygiene

1. Please discuss major issues for progressively universalising access and enhancing the nutritional impact of services for safe drinking water, environmental sanitation and hygiene.
2. What further interventions are needed for enhancing the quality and nutritional impact of these -especially as relates to the most crucial and vulnerable groups?
3. Suggest how decentralised planning processes and institutional mechanisms in the Total Sanitation Campaign, NRDWP can be used to strengthen convergence with other schemes for nutrition.
4. Building on the Nirmal Gram Puruskar experience - what interventions are suggested for encouraging malnutrition free panchayats/districts ?Especially in the states/districts with high nutritional vulnerability?
5. What is the change we would like to see in the next 5 years?
6. What are the 5 key recommendations for progressively universalising access, enhancing the quality and impact of services for safe drinking water, environmental sanitation and hygiene for improved nutrition and development outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group V - Infant and Young Child Caring and Feeding Practices

1. Please discuss major issues for ensuring optimal Infant and Young Child Caring and Feeding Practices and care for girls and women?
2. What further interventions are needed for progressively scaling up optimal caring and feeding practices?
3. What is needed to universalise early and exclusive breastfeeding (0-6months) and promote appropriate complementary feeding, (along with continued breastfeeding for 2 years or beyond)?
4. What are the resources needed for supporting mothers, caregivers and families and the support required for maternity protection?
5. Please suggest how skilled counselling support can be provided, linking across home, community and facility levels, anchored in a support network at village level.
6. What is the change we would like to see in the next 5 years, including making the 0-6 months infant visible?
7. What are the 5 key recommendations for protecting, promoting and supporting optimal Infant and Young Child Caring and Feeding Practices and care for girls and women?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group VI - Capacity Development and Community Processes

1. Please discuss major issues in strengthening the capacity of different stakeholders for enhancing nutrition and development outcomes, through sustainable and empowering processes.
2. What further interventions are needed for enhancing institutional capacity, across different sectors, and at different levels, for effectively responding to training needs, including experiential learning and field based mentoring support?
3. Please suggest what is needed to strengthen decentralised training capability and mentoring support at field levels, linking capacity development with service quality improvement and programme monitoring.
4. Please suggest what is needed to strengthen community processes and mechanisms, for assessment, analysis and action to improve nutrition outcomes, especially for the most vulnerable groups.
5. What is the change we would like to see in the next 5 years?
6. What are the 5 key recommendations for strengthening capacity and community processes for improved nutrition outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group VII - Nutrition Policy, Planning and Surveillance

1. Please identify major issues in the current policy framework that need to be addressed for improved nutrition and development outcomes.
2. Suggest what is needed to strengthen the institutional framework for nutrition for effective multisectoral action, by multiple stakeholders, with requisite safeguards.
3. What interventions are needed to strengthen decentralised planning processes i.e. processes by which locally responsive village/cluster/block/district/state plans of action would be developed?
4. What are the major issues in the current Nutrition Surveillance System and what is needed for effective nutrition surveillance and timely corrective action at different levels?
5. Suggest how the introduction of the new ICDS NRHM Mother Child Protection Card and the strengthening of community level monitoring and promotion of young child growth and development can be used for effective mother child cohort tracking.
6. Please discuss what intensification of efforts is required in districts/community groups with high nutritional vulnerability.
7. What is the change we would like to see in the next 5 years?
8. What are the 5 key recommendations for improved nutrition outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Annexure 4: Terms of Reference for Group Work – 8 August 2010

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work - 8 August 2010

1. The time provided for group work is 09:15 hours to 12:30 hours on 8 August 2010. Group reports will be presented through posters/flip charts walk around at 12:30 and in the plenary session at 14:00 hours.
2. The objective of the group work is to recommend how to implement the interventions suggested under different strategy themes on 7 August 2010, to address India's nutrition challenges.
3. Discussion on strategy options would be informed by the evidence of what works and why, as well as the rich experience of group members, from different stakeholder groups, states, field functionaries and community members.
4. The discussion would be structured around the seven strategy options emerging from the thematic presentations, multi-voting and affinity process of sessions held on 7 August. These could include strategy options such as -
 - Group I – National Child Malnutrition Prevention and Reduction Programme
 - Group II – Panchayat Led Model/s
 - Group III – Conditional Cash Transfers
 - Group IV – ICDS Restructuring
 - Group V – Nutrition Counselling Service Model
 - Group VI – Institutional Arrangements at National/state/district local Levels
 - Group VII – Nutrition Data, Mapping and Surveillance
5. Groups have been brought together, to provide a mix of different stakeholder perspectives, states and programming contexts.
6. Resource Facilitators' teams are available to each group. These include experts and representatives of the concerned ministries of the Government of India.
7. Please elect a chairperson for your group and identify the Group Rapporteur for your group. Please inform the facilitator if language translation is needed.
8. It is suggested that the presentation summarise major recommendations.
9. The use of flip charts/cards is recommended, to facilitate participation of all group members. For presentation, use of powerpoints would facilitate synthesis of reports.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group I - National Child Malnutrition Prevention and Reduction Programme

1. Please discuss what the concept of a National Child Malnutrition Prevention and Reduction Programme means to the group.
2. What would be the objectives of such a programme and its strategic principles?
3. What would be the core interventions and services envisaged under this programme, especially in districts with high nutritional vulnerability?
4. What and how would this be different from what already exists, through multisectoral interventions of different government programmes and partnerships with voluntary action groups?
5. What is the implementation framework envisaged at village level? How does this link with/get rooted in Panchayati Raj Institutions?
6. What kind of institutional arrangements are envisaged at different levels and how will this link with those of existing schemes?
7. What are the 5 key recommendations for developing and initiating such a programme, for improved and sustainable nutrition and development outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group II- Panchayat Led Model/s

1. Please discuss what the concept of a Panchayat led model/s means to the group.

For instance what does this imply in terms of devolution of powers - Functions, Funds, Functionaries- with regard to different flagships, and the roles of Panchayat members, especially women, as change leaders.

2. What would be the objectives of such a model/s and its strategic principles, especially recognising that different states have different contexts, capacity of PRIs, and levels of devolution of powers?
3. What would be the core interventions and services envisaged for “malnutrition free Panchayat/districts” under this model/s?
4. What and how would this be different from what already exists, through a multitude of government programmes?
5. What is the implementation framework envisaged at village level and the community based monitoring mechanism?
6. How will this ensure convergence of multisectoral interventions and sustained community action?
7. What kind of institutional arrangements are envisaged at different levels and how will these link with those of existing schemes?
8. What are the 5 key recommendations for ensuring the progressive devolution of powers to Panchayat Raj Institutions for improved and sustainable nutrition and development outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group III - Conditional Cash Transfers

1. Please discuss what the concept of Conditional Cash Transfers, for nutrition related programmes, means to the group.

Specific examples include the upcoming Rajiv Gandhi Adolescent Girls' Scheme, (RGSEAG) and the Indira Gandhi Matritva Sahyog Yojana (IGMSY- Conditional Maternity Benefit Scheme).

2. What would be the objectives of such a strategy option, its assumptions regarding service delivery mechanisms and its guiding principles?
3. What would be the core interventions and services envisaged under this strategy option, especially in districts with high nutritional vulnerability?
4. What and how would this be different from what already exists, through other schemes like the Janani Suraksha Yojana?
5. How can such an option use the power of Information and Communication Technology and use, for instance, SMART cards linked to UID numbers, mother child cards etc.
6. What is the implementation framework envisaged at village level? How does this link with/get rooted in Panchayati Raj Institutions?
7. What kind of institutional arrangements are envisaged at different levels and how will these link with those of existing schemes?
8. What are the 5 key recommendations for developing and initiating such a strategy option, for improved and sustainable nutrition and development outcomes?

The terms of reference provided to the group are indicative and not prescriptive, and may be modified, as needed, by the group.

Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group IV - ICDS Restructuring

1. Please discuss what the concept of ICDS Restructuring means to the group, recognising that both nutrition and early development and learning outcomes are critical for inclusive growth.
2. What would be the ICDS Restructuring objectives and principles?
3. What would be the core interventions and services envisaged under this programme, especially in districts with high nutritional vulnerability?
4. What and how would this be different from what already exists, with different implementation experience across and within different states/districts?
5. Which best practices/models can be adapted and scaled up, based on implementation experience and the local context and what additional resources are needed?
6. What is the implementation framework envisaged at village level? How does this link with/get rooted in Panchayat Raj Institutions?
7. What kind of institutional arrangements are envisaged at different levels and how will these link with those of existing schemes?
8. What are the 5 key recommendations for ICDS Restructuring for enhanced and sustainable nutrition and development outcomes?

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Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group V - Nutrition Counselling Service Model

1. Please discuss what the concept of a Nutrition Counselling Service Model means to the group, and how this supports Behaviour Change Communication.
2. What would be the objectives of such a model and its strategic principles, acknowledging that skilled nutrition counselling support is not yet recognised as a service?
3. What are the core interventions envisaged for ensuring behaviour change communication and skilled nutrition counselling support at different levels?
4. How can this support chain be created - extending from home/family, community/AWC to Health Sub centre PHC/CHC facilities and the referral system?
5. How would this strengthen the continuum of care during pregnancy, lactation, infancy and early childhood and be different from what already exists?
6. What does this imply for the communication strategy, management of human resources, roles of frontline workers, capacity development, reward and recognition, at different levels, across sectors?
7. What is the implementation framework envisaged at the village level and the community based monitoring mechanism, linked to Panchayati Raj Institutions/other community based mechanisms?
8. What are the 5 key recommendations for ensuring that a skilled nutrition counselling support system is created for improved nutrition and care behaviours and outcomes?

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Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group VI - Institutional Arrangements at National/state/district/local levels

1. Please discuss what institutional arrangement options are emerging from Group Work on Day 1. Please identify the preferred option for your group and discuss what this institutional arrangement means to the group.

For instance - mission mode/society, normative framework, etc.

2. What would be the objectives and strategic guiding principles in designing and implementing the proposed institutional arrangements, especially recognising that different state/districts have different contexts?
3. What would be the kind of decentralisation and flexibility provided by this implementation framework?
4. How would this be different from existing institutional arrangements and how would this link to/be harmonised with those existing in different sectors?
5. What is the implementation framework and institutional mechanism envisaged at village level, and how would that be empowered for community action?
9. What are the 5 key recommendations for ensuring that effective institutional arrangements are in place, for improved nutrition and development outcomes?

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Multistakeholder Retreat on Addressing India's Nutrition Challenges

Terms of Reference for Group Work

Group VII - Nutrition Data, Mapping and Surveillance

1. Please discuss current systems for collection; analysis and synthesis of nutrition data. What are the emerging issues that need to be addressed, building on the group discussion on 7 August?
2. What does the concept of an effective nutrition surveillance system mean to the group, especially in districts with high nutritional vulnerability and during natural disasters?
3. What would be the objectives of such a system and its strategic principles?
4. How can nutrition data management be linked intrinsically with other health data management initiatives e.g. HMIS, NIIDSP, linked to GIS mapping to make under-nutrition visible?
5. How can such an option use the power of Information and Communication Technology for real time data monitoring, possibly linked to UID numbers and family based records such as mother- child growth cards etc.
6. What is recommended in terms of the design, periodicity, scope, methodology of ongoing surveys related to nutrition parameters e.g. District Annual Health Surveys?
7. What are the institutional mechanisms needed to strengthen the Nutrition Data Management function, including assessment, analysis and action processes at different levels?
8. What are the 5 key recommendations for improved and sustainable nutrition and development outcomes?

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State Exhibitions on Display





State Perspectives







IX. The Exhibition



States Display Innovations in Addressing the Malnutrition Challenge

Using an innovative format of display cum demonstration, more than 15 states and Union Territories took up stall space at the Multistakeholder Retreat on Addressing India's Nutrition Challenges on 7-8 August, 2010 in New Delhi. They displayed nutritional food items, charts, posters, models, audio-visual films, tool kits and other IEC material which they had developed in recent years. Representatives from each of the participating states explained the rationale for most of the interventions and shared their experience of implementing them within the community. Results, outcomes and impact were discussed - both in cases where they had shown excellent results and where they were still addressing major challenges.

The purpose of the exhibition was to allow for greater interaction around the nutrition debate as also to see (first hand) some of the activities that had been undertaken by the respective states and the NGOs which had been supporting some of them.

The Food and Nutrition Board for instance, under the Ministry of Women and Child Development, highlighted through their literature some of the recent initiatives they had taken for nutrition education to generate awareness in hard to reach areas. Breastfeeding Promotion Network of India highlighted its comprehensive IYCF counselling package and its demonstration model in Lalitpur in Uttar Pradesh, where nutrition counselling has been introduced as a service with nutrition mentors. The progress made in all these spheres through a strong NGO, CBO and health worker route served as inspirational stories for other similar districts across the country.

The strides made by states like Orissa, West Bengal, Chhattisgarh and Rajasthan which have traditionally been riddled with anaemia, high rates of malnutrition and stunting were pictorially represented through posters, tracking the slow but gradual progress in different blocks. Touch screen monitors were placed strategically, allowing visitors to acquaint themselves with health programmes. Non-governmental agencies like Chetna, Voluntary Health Association of India had displayed innovative nutrition and health education material with case studies of innovation. Most of the charts and information was put across in a simple, creative and effective manner, drawing attention to how nutrition could be made a part of daily lives and how inexpensive options could be popularised. To add colour to the exhibition, the puppet shows and music performances were also included.

Most of the information clearly brought out the role played by states, institutions, NGOs, professional bodies and other development agencies in the interventions that were designed and implemented specifically for adolescent girls, newborn infants and young children, expectant and lactating mothers and older people. It highlighted the role that men can play as also other influencers in the community, including panchayats.

