

MALNUTRITION

1A. Title of initiative - BANDA SUPOSHAN KARYAKRAM

1B. Ministry / Department / State Govt. / District / Organization where the initiative was implemented - DISTRICT BANDA, UTTAR PRADESH

1C. Area of Initiative - Women and Child

1D. Commencement of the initiative - 1 July 2018

1E. Has the outcome or impact of the initiative been audited or evaluated by any independent agency for reality check of the realized benefits vis-à-vis those envisaged?

AUDITED & ENCOURAGED BY:

NITI AAYOG has described our innovation in its report *Transforming Nutrition in India: Poshan Abhiyaan*; a progress report Sep 2019, Chapter 5; *Mutli-sectoral Convergence and Policy actions at National level and State level* (on page 73)

Dr. Chandrakant S. Pandav (Member, National Council For India Nutritional Challenges POSHAN ABHIYAN) mentioned our innovative work in an interview with Times of India (Dated. 21 November, 2019)

Prof Devashish Das Gupta (IIM Lucknow) as Management Strategist

ACKNOWLEDGEMENT:

“...The results could not have been achieved without the ownership and leadership of the District Collector and his team...” - **Ms. Ruth Leano, U.P Chief - UNICEF**

1F. Was this initiative winner of any other award(s) instituted by any other National / International organization?

No.

2. Please provide Detailed Write-up of the work done under the initiative between 1 st April, 2018 and 31 st March, 2020 covering the following:

A. OBJECTIVE OF INITIATIVE AND HOW THE INITIATIVE ACHIEVED THOSE OBJECTIVES

BACKGROUND

Undernutrition badly affects the childhood survival and physical and mental development. It has long-term adverse impact on the scholastic performance, productivity and earning capacity during the adult life. As per WHO, severe wasting is the clinical condition of childhood malnutrition and requires medical management in addition to the nutritional management. District Banda of Bundelkhand region in Uttar Pradesh, has high levels of childhood undernutrition:

Malnourished : 47% (NFHS-4)

SAM (severely malnourished) : 6.7% 9NFHS-4)

Less than 6 months of Exclusive Breast Feeding (EBF) : 25% (NFHS-4)

Undernourished : 5.9% (NFHS-4)

OBJECTIVES

- **Changing passive mindset into active and progressive mindset** - People were of the opinion that Banda being very poor and backward area, no development can take place.
- **Make nutrition a public issue** and create governance structure to prioritize the actions around addressing malnutrition.
- **Strengthen District Health and ICDS systems** for screening, prevention and management of undernutrition in children.
- **Generate awareness among stakeholders** and create capacities of the caregivers to improve child feeding and care practices.

OBJECTIVE FULFILMENT

A measurable increase in child nutrition levels and drastic improvement in reduction of undernourished children in the district gives us confidence that we are on the right track to achieve our objectives. Also, validation from NITIN AAYOG and other institutes of prominence inspire us to move forward with more energy.

B. INTRODUCING AND IMPLEMENTING AN INNOVATIVE IDEA/ SCHEME/PROJECT TO MEET STAKEHOLDERS' REQUIREMENT

INTRODUCTION

Malnutrition is a “hidden social problem” due to indirect and slow progression of its consequences. Both system and community does not consider it as a problem, and hence it’s not being prioritized. However, globally, investment in childhood nutrition is considered as one of the most cost-effective developmental intervention, and it has long term impact on individual, community and nation’s overall development. In order to accelerate the efforts for addressing malnutrition, central government also started the umbrella program of POSHAN Abhiyaan in 2018.

THE SOLUTION | BANDA SUPOSHAN KARYAKRAM

With this background, we took it within top three priorities of the district. We collaborated with development partners like UNICEF, and local NGOs to support in developing a comprehensive strategy and program for prevention and management of childhood undernutrition in the district. After a thorough groundwork, program referred as “Banda Suposhan Karykram” was rolled out in the district on 26 January 2019 under the aegis of “POSHAN Abhiyaan”.

STRATEGIC IMPLEMENTATION MODEL

A model was pilot tested in block Naraini. This was to test, evaluate and demonstrate a workable model on select sites, and its scale-up potential across the district. This helped in developing a robust, comprehensive strategy, understanding operational structure and challenges and further develop a resource pool of skilled functionaries, to support the scale-up process.

Basis children’s height and weight, they were classified into Red & Yellow category depending upon severity of malnutrition (SAM kids) and accordingly were taken care-off.

For **SBCC** (Social Behavior Change Communication) we adopted local dialects, cultural activities and media for communication.

OPTIMAL RESOURCE ALLOCATION

Our program design involved convergence of existing programs and service-delivery platforms by pooling existing government human resources, funds, inputs, programs and opportunities. This was important from the point of sustainability and scalability.

LEVERAGING FINANCIAL RESOURCES

District administration roped in additional funds from various resources like District Mining Fund, Funds under Beti Bachao, Beti Padhao, external agencies and various untied funds under health department to support additional program activities with no dedicated financial resources.

STRENGTHENING SYSTEMS & CREATING PURPOSEFUL PARTNERSHIPS

Our first focus was on system strengthening, through capacity building of Health and ICDS staff and addressing logistic gaps.

The district administration then partnered with trusted development partners like UNICEF, local NGOs, academic institutes for providing additional technical, knowledge and programmatic support. Considering multi-sectoral nature of nutrition, other departments like Panchayati Raj and Rural Development, National Rural Livelihood Mission, Social Welfare etc. were also involved.

DEFINING CLEAR ROLES AND RESPONSIBILITIES

Considering the multi-sectoral nature of undernutrition different stakeholders are being involved in the program. Below are details of the role and involvement of various stakeholders in the program –

- **District administration** – Overall leadership, act as convening body of different departments for planning, progress and review and leverage financial resources for programme activities.
- **Health department** - support for medical management, provision of weighing scales and MIS management
- **ICDS** –Responsible for programme implementation.
- **UPSRLM** – support mobilization, development of Poshan Vatika and programme promotion through WSHGs making of poshanvatika.
- **UNICEF** – Support in strategy development, programme monitoring and review.
- **Panchayati Raj and Rural Development** – Address logistic gaps at the village level using VHSND and GPDP funds and support community level activities.
- **Local NGOs** – Support in organizing events, capacity building, monitoring and programme planning through human resource.
- **Media department and media** – support communication strategy by capturing program progress, actions and positive stories from field
- **National Centre of Excellence** for SAM, Kalawati Saran Children’s Hospital – provide technical and programme support.
- **Community members and programme beneficiaries** – The families of children benefitted from the programme support in community mobilization through positive deviance approach.
- **Supply Departments** – prioritized ration cards provision to the targeted malnourished children’s families.
- **Women’s Welfare Department** - Provided fund and material for communications and awareness.

2C. BRINGING PERCEPTIBLE IMPROVEMENTS IN PROCESSES/ SYSTEMS AND BUILDING INSTITUTIONS

Campaigns like nutrition programs are both intensive and extensive. Due to their multi-faceted nature, they involve varied stakeholders and the program’s success is heavily dependent on seamless integration of vision, resources and sensitivity of respective involved parties. Keeping this in mind, we engineered a unique communication and collaboration model which enabled the idea of **responsible independence**. Identified officials were given directed autonomy with complete accountability of measurable performance.

2D. APPROACH AND METHODOLOGY ADOPTED TO BRING INNOVATION APPROACH | REACHING THE UNREACHED

Currently in Uttar Pradesh, there are dedicated health facilities referred as Nutrition Rehabilitation Centres, which provide management to these Severely Acute Malnourished (SAM) children. These units are resource intensive and can provide management to only about 1-2 per cent of the district's SAM caseload. Based on their medical complications, these children can also be managed at the community level using an outpatient treatment protocol.

We designed an extensive outreach with a focus on involving local communities and improving their child feeding and care practices, by bringing behavioral changes, and thus Social Behavior Change Communication (SBCC) becomes foundation of the overall program strategy.

METHODOLOGY

One of the most important strategic intervention under POSHAN abhiyaan, was to create a mass movement or “Jan Aandolan” for nutrition. Evidently, for any significant changes at the population level, it is important to ensure Universal coverage i.e. coverage >90% along with optimal quality of services.

In order to reach the last child, to ensure universal coverage of seven essential services and greater community's engagement under the program, SBCC strategy referred as “90+ %” had been developed with a tagline of “**Ab har Bachha Suposhit**”.

Following phased steps were implemented:

PHASE ONE:

A. Preventing malnutrition:

- i. Targeting HRP pregnant women and monitoring their health and nourishment.
- ii. Encouraging Exclusive Breastfeeding for the first 6 months of a new born.
- iii. Optimal nourishment for children from 6 months to 24 months.

B. Managing malnutrition:

- Identification of malnourishment and SAM kids through medical checks.
- Care management of SAM identified children.
- Seven day BPS and AWC.

PHASE TWO:

- 90+ children below 5 years for screening for underweight
- 90+ underweight children for SAM screening
- 90+ underweight /SAM children participate in Bal Poshan
- 90+ newborns breastfed in labour room (within one hour)

- 90+ children aged 6-10 months participated in Annaprasan day
- 90+ SAM children receive medical treatment
- 90+ pregnant women receive IFA + Ca

The promotional strategy included a 360-degree communication campaign, which including a mix of mass, mid and social media.

SOME KEY STEPS TAKEN FOR PROGRAM PROMOTION INCLUDED

- Publishing of Human interest stories in newspapers and other mass medias.
- Development and circulation of program IEC video and propagating it via social media and instant personal messaging.
- Carrying out intensive activities during Poshan Maah (September 19).
- Branding through distribution of cloth bags (linked with “Stop polythene campaign”).
- “WADA Sakhis” selected to support the strategy through the women self-help groups under NRLM.
- Gram Pradhan involved to support nutrition activities through GPDP and other resources and distribution of Sahjan (Moringa) and development of kitchen gardens.

2E. IMPACTS/BENEFITS RESULTING FROM THE INITIATIVE

The initiative is targeted towards system strengthening and behavioral change in the community, hence the impact, i.e. improved nutrition status, will be realized in 3-5 years’ time.

However, in first year of implementation, there has been improved capacities of frontline workers, improved community mobilization and about 17 per cent children identified as severely wasted recovered during the first phase.

Below are the outcomes of the initiative during the reporting period:

The first round of the Banda Suposhan Karykram was implemented between March 19 to May 19 and round two in November 19 to January 20.

Round One results -

- Total number of under-5 children : 260314
- Number and percentage of under-5 children weighed : 127903 (49%)
- Number & % of under-five children whose height/ length was measured : 116176 (45%)

- In all the blocks, coverage ranged between 36 per cent (Naraini) to 59 per cent (Bisanda)
- Number of underweight/SAM children enrolled : 16344
- SUW + MUW children Recovered : 1676 (14%)
- SAM + MAM children Recovered : 1659 (25%)
- 25 per cent wasted children recovered i.e. became normal weight-for-height or length by end of the first phase.
- Recovery rate in SAM children was 17 per cent and in MAM children was 35 per cent.

Round Two results -

- AWCs covered during phase : 1598 (94%)
- No. of AWWs reoriented during the Sept 19 March -20 : 1472 (86%)
- Under-5 years aged children screened : 84%
- Screening result - SAM : 4230 (2.8%) | MAM : 4749 (3.1%) | Wasted : 8979 (5.9%)
- SUW : 7730 (5%) | MUW : 7454 (4.9%) | Underweight - 15,184 (9.9%)
- Wasted cured - 47%
- SAM cured - 45%
- MAM cured - 49%

OVERALL OUTCOME

- All block health facilities and more than 90 per cent of AWCs are providing services for prevention and management of childhood malnutrition
- During the first round of implementation, 1676 underweight (14% of total identified underweight cases) and 1659 wasted children (25% of total identified wasted cases) recovered i.e. became normal by end of phase.
- In second round of implementation, total 19,656 undernourished children including 8900 children as wasted were enrolled under the programme. Of these, 8900 wasted children, approx. 3800 children (47 per cent) had shown improvement.

EXECUTIVE SUMMARY

CONTEXT

District Banda has high levels of childhood undernutrition.

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- **Strengthen District Health and ICDS systems.**
- **Generate awareness among stakeholders.**

APPROACH

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METHODOLOGY

PHASE ONE:

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IMPACT & BENEFITS

- Round 1: 1676 (14%) underweight & 1659 (25%) wasted children recovered.
- Round 2: 19,656 (undernourished children including 8900 children as wasted were enrolled under the programme. Of these, 8900 wasted children, approx. 3800 children (47 per cent) had shown improvement.

ACKNOWLEDGEMENT:

“Uttar Pradesh is making efforts to tackle malnutrition. An example is Banda; they are using community-based management to tackle child malnutrition.” - **Dr. Chandrakant S Pandav.**

“... The results could not have been achieved without the ownership and leadership of the District Collector and his team who not only believed in the strategy but were instrumental in mobilizing funds and setting up a rigorous review and monitoring system to ensure a timely response on challenges encountered in the field...” - **Ms. Ruth Leano, U.P Chief - UNICEF**