LAA revision discussion summary

The Coalition for Sustainable Nutrition Security in India held an online expert discussion from 16 – 18th October, 2013 exploring the 2010 Leadership Agenda for Action (LAA) in light of the latest evidence base. Participants discussed the current recommended interventions, how best to deliver them at scale and how to create an enabling environment for undernutrition reduction. The key themes from the three days are presented below.

Many participants felt that the LAA covers many of the essential interventions and that none should be removed (although some evidence does not support routine vitamin A supplementation). It was felt that the LAA could be strengthened by incorporating some additional interventions, informed by the latest evidence, Lancet 2013, Cochrane reviews, state specific studies, HUNGaMA, NHFS-3.

Direct interventions

Breastfeeding

- For promotion of breastfeeding combined individual and group counselling is better than individual or group counselling alone.

Nutrition education

- Studies on nutrition education, even in food insecure populations, have showed significant effects on stunting, HAZ and WAZ. This can further strengthen messaging for improving infant and young child feeding and caring behaviours.
- Complementary Feeding Education: "When" of complementary is well covered but "What" and "How" need to be emphasised. Capacity building of field functionaries to enable them to counsel the care–givers is essential.

Management of acute malnutrition

- SAM - Parental education (what caused SAM, what can they do at home to prevent relapse).
- Management of moderate acute malnutrition at community level. This would sensitize and empower the community towards the consequences of poor feeding practices as well as help prevent severe malnutrition.
- The recommendation on use of RUTF needs to be considered in Indian context (weight gain per day per kg, amongst SAM children with indigenous therapeutic food is similar to imported RUTF).
- Ready access to affordable and wholesome ready to use packaged complementary foods can be prepared by rural women as an income generation activity.
- RUTF or flour porridge can be used to treat children at home depending on availability, affordability and practicality (Cochrane review - no definitive conclusions on differences in clinical outcomes in children with SAM for home-based RUTF compared to the standard diet, or who were treated with RUTF in different daily amounts or formulations).
- Enough evidence is available to show that undernourished children can be treated with local food e.g Hyderabad mix (NIN).

Maternal supplementation

- Calcium during pregnancy will require discussion.
- Maternal Micronutrient supplementation to all and Calcium supplements to mothers at risk of low intake: There is an urgent need to incorporate this recommendation in Health Policy.
- Folic Acid supplementation of all newly wedded girls/women with appropriate counselling is necessary to prevent the high incidence of Neural Tube Defects in the country.
- Iron and Folic Acid fortification of wheat flour/ cereal products.
- Adolescent girls need more focus.

Iodized salt

- Iron-fortified iodised salt (DFS) should replace iodised salt.

Care practices

- The environmental health category needs to be strengthened in the LAA recommendations, given the associations found between stunting prevalence and adequate food, care and environmental health.

Indirect interventions

Agriculture

- Homestead production even in urban areas needs to be stressed by bringing the agriculture department on board. Some countries including Bangladesh have seen positive impact of homestead gardening on anaemia.

Biofortification

- Biofortification of food grains (iron rich bajra, golden rice) and vegetables (orange- fleshed sweet potato - for which there is evidence) should be promoted. Resistance to biofortified crops should be countered.

Womens empowerment

- Safety net for females, and social engineering.
- Skill development for women should receive high priority.

WASH

- Consider including attention to WASH interventions, beyond what is currently included in the list of the LAA, which is primarily articulated around food hygiene and safe handling.
- Promote household latrines. However, latrines need more water and hence water conservation and harvesting methods should form the package.
- Access to safe drinking water and sanitation. Infrastructure and education to promote liquid and solid waste disposal. One participant cited a small experiment in two villages which showed marked impact of liquid waste disposal using soakage pits (NBRI technology) on morbidity.

"How" to effectively scale up implementation of direct interventions to address undernutrition in India

Many participants emphasised the need to increase nutrition awareness and behaviour change through innovative use of the media and other channels. Several participants also raised the question of how to address the issues of governance and social accountability.

- State-specific interventions should be considered as India is such a diverse country. Universal coverage is needed for effectiveness which may not be feasible on all interventions at once and so prioritisation on a state by state basis was suggested.
- Qualitative aspects of an intervention like regularity, coverage of the most vulnerable segments, receipt of all the expected doses and coverage of all the eligibles require attention.
- Identify innovative NGO methodologies which can be integrated into Govt Programmes as well as being scaled up independently.
- The role of an intermediary agency is important in ensuring effective implementation and utilization of these interventions.
- Include the "Rights based approach to nutrition".
- Focus on the social determinants of health/nutrition and establish the right conditions for nutrition at the household level.

- Self-sustainable 'community models' for food and nutrition security (“public sector initiatives cannot deal with the situation alone it has to be collaborative action with communities taking the lead to strengthen infrastructure, supplies, supportive supervision and monitoring, new technologies.”)

Community/stakeholder involvement:
- Generate community awareness on malnutrition and ensure all stakeholders are aware of the intervention goals (social audits of nutrition-related schemes, public hearings and grievance systems).

Delivery of interventions:
- Strengthen delivery systems at the Block Level.
- Continuum of care. Comprehensive operational guidance is needed.
- Shifting efforts towards the household for better services and support to mothers and children.
- Address gaps in ICDS feeding programme.
- Bi-annual vitamin A, iron folate tablets etc. are not reaching target populations and the burden of anaemia is not reducing. Supply needs to be ensured.
- Increase vegetable provision in ICDS and MDM (purchase nutrient-dense vegetables from local farmers).
- Differentiate the packages for pregnant women from those aimed at women and girls more generally.
- Base supply on the actual number of beneficiaries.
- Programmes should have time-bound achievable goals, with effective supervision and accountability.

Behaviour change strategies were recognised as key to scaling up interventions
- A campaign of nutrition awareness and literacy using different mediums of communication and targeting different levels of the community.
- Messages to be reinforced through Village Health and Nutrition days, mothers group meetings, immunization contacts and mass media.
- ICT Innovation strategy: Cell phones, locally made videos (e.g. Digital Green), fixed day-fixed place service.
- Identify and encourage ambassadors of change (Nutrition champions at all levels).

Research and data needs and analysis:
In general the need for better quality, more regular data was expressed:
- Better knowledge of existing indicators to set results for change and prioritize actions/interventions for a particular service delivery platform.
- Nutrition surveillance needs more attention to prevent undernutrition (ICDS can be effectively used for the purpose).
- Use stunting as an indicator instead of underweight.
- Bottleneck/Gap analysis for identifying the gaps in supply, demand and quality of service utilization, and a causality analysis should then be undertaken.
- Periodic independent assessments for outcomes.
- MIS to track counselling, home visits and BCC and regular survey data.
- To generate data, safe interventions of different types should be run in parallel.
- ICDS centres need assistance in growth monitoring and sharing data at community and panchayat level.
- Investment in evaluation and operational research.

Multisectoral coordination:
- Engage Nutrition Literate personnel in Health & ICDS.
- Convergence between various departments like WCD, health, agriculture, rural development should be brought about at all levels through formation of coordination committees.
- Sensitization of those responsible for the delivery is needed and should include those engaged in addressing maternal and child malnutrition (as well as WASH), health workers, anganwadi workers, and anchayat and block functionaries.

- Involving established Mother NGOs, Home Science & Medical Colleges in different interventions.
- Integrating nutrition indicators into key programs across sectors.

Vertical coordination:
- Create a strong Coordination mechanism at National and State level.
- Establish a National Nutrition Surveillance System using Health and ICDS infrastructures.
- Increase local involvement in nutrition, particularly in planning, monitoring and supporting key services and behaviour change efforts.
- Ensure adequate infrastructure up to the peripheral level.
- Government and development professionals must engage with each other in the scaling-up process. This is a process the Coalition needs to initiate and take forward.
- Multichannel communication needs to be planned and implemented.
- Focus on Ward/Block as operational point to bring convergence.

Capacity, resources and leadership:
- Political will needs to be created. Nutrition Secure India should be the national agenda.
- Ensuring adequate funds for essential nutrition and health services.
- India needs a Nutrition mission to provide leadership and convergence.
- Ensure regular and supportive supervision at all levels, including frontliners.
- Training is needed at many levels (IAS probationers, National and State level Health and WCD, college curricula (agriculture and medicine), schools).
- Enhance capacities of frontline workers to gather, analyze, interpret and use data at block and district levels.
- Additional health workers for household and community engagement.
- Capacity strengthening at state and district levels for techno-managerial support and supervision.

Overarching recommendations and enabling environment for nutrition

Participants were in agreement that *"…unless we address the fundamental challenge of strengthening Governance mechanism and Social Accountability, solutions remain short-term effective..."*

What needs updating in the LAA?
- Original LAA overarching recommendations are still valid. One participant felt that before updating the recommendations, we should allow time for the original recommendations to be tried and tested by CSO's.
- The importance of State specific priorities was raised again.
- The LAA conceptual framework should better reflect interdisciplinary co-ordination.
- Gender as a key underlying determinant of Nutritional Status (initiatives involving men and the larger community was regarded as essential).
- Focus on adolescent girls (importance of educating girls, delaying age of marriage, etc.).
- Maternal mental health.

Creating an enabling environment:
- Agreement that multi-sectoral action is required.
- Good governance and an improvement in the overall system can improve the efficiency of programmes, not merely more money.
- High level leadership, political and administrative will can achieve the goal of maximising the nutrition outcomes of various programmes.
- Challenging beliefs and social norms.
- Creating nutritional awareness through a National Nutrition Education Programme (including strengthening of training institutions).

- Introducing nutrition curriculum at primary, secondary and senior secondary levels in schools and courses at universities.
- Learning from other countries (models and Innovations tried in various parts of the world to deal with this challenge of creating an enabling environment could be drawn upon).

Social safety net programs:
- JSY and MAMTA Schemes were viewed favourably in some cases, but there is concern that they lead to a dependency on money.
- Schemes for improving institutional delivery and feeding practices should be de-linked from cash support schemes given as wage compensation.

Multi-sectoral actions, who will be the gatekeeper(s)?
- The State Level Nutrition Mission.
- Identify one committed Chief Minister who can help design a State Nutrition Authority.
- Department under the Ministry of WCD if not a separate Ministry, to whole heartedly implement the NNP.

Government policies / schemes:
- Policies and schemes are an important part of an enabling environment but need to be designed on a state specific basis (e.g. targeted v universal).
- Policies should encourage sustainable production of food supplies to both producers and consumers.
- Enforcement of policies is required (this needs investment and political and managerial commitment).
- Policies only address implementation of interventions. It is essential to consider the uptake of interventions as well, which have to address norms, values and informal institutional settings in the society.
- Successful models employed in certain states where a decline in malnutrition has been seen should be considered for others (e.g. Tamil Nadu and Rajasthan which have dedicated workers within the community supporting mothers and households, or Tamil Nadu UPDS).
- Advocacy and sensitization of parliamentarians and policy makers is needed for creating political and administrative will.
- Advocate for State Nutrition strategy/policy like the state health policy.
- Advocate for urban nutrition policy at the national and state level.
- Consensus is needed between Nutrition experts to enable the policy makers and ministries to move forward on a common strategy.

Research Gaps

The following areas were felt to need further research, however on participant felt that *"promoting further research...will only delay action for achieving A Nutrition Secure India"*

- Well-designed, adequately powered pragmatic randomised controlled trials of HIV-uninfected and HIV-infected children with severe acute malnutrition are needed.
- Review the role of cash transfers in improving nutritional status.
- How to approach broad interventions (eg. Improve gender equity)?
- Ayurveda and other traditional systems have a wealth of information regarding foods/herbs. There is a need for action-research on this issue.
- Review the compliance and impact of Take Home Ration on nutritional status.
- Effect of women's status on child nutrition needs more research / operational research.
- Data is needed on ground realities / social issues on what is effective (or not) for nutrition interventions (e.g. social barriers to compliance).