

Working Multisectorally to Improve Nutrition: Global Lessons and Current Status in India

INTRODUCTION

Almost half of all Indian children between 0 and 24 months are chronically undernourished. One-third of all Indian women are underweight. Rates of micronutrient deficiencies are high among the poor and are common even among those with higher incomes. It is recognized that eliminating undernutrition requires actions across multiple sectors. A child must receive food with adequate energy, protein, and micronutrients while at the same time having access to safe water, good sanitation, and quality health care.

However, ensuring that adequate food, health, and care reach a child at the same place and time is not easy. The services that need to be delivered and the actions that need to be taken are not led by the same sector, agency, or actor. The agricultural sector, for example, focuses mostly on food production. The health sector usually focuses on clinical care, rather than on care and feeding in the home. Thus, bringing sectors together is critical.

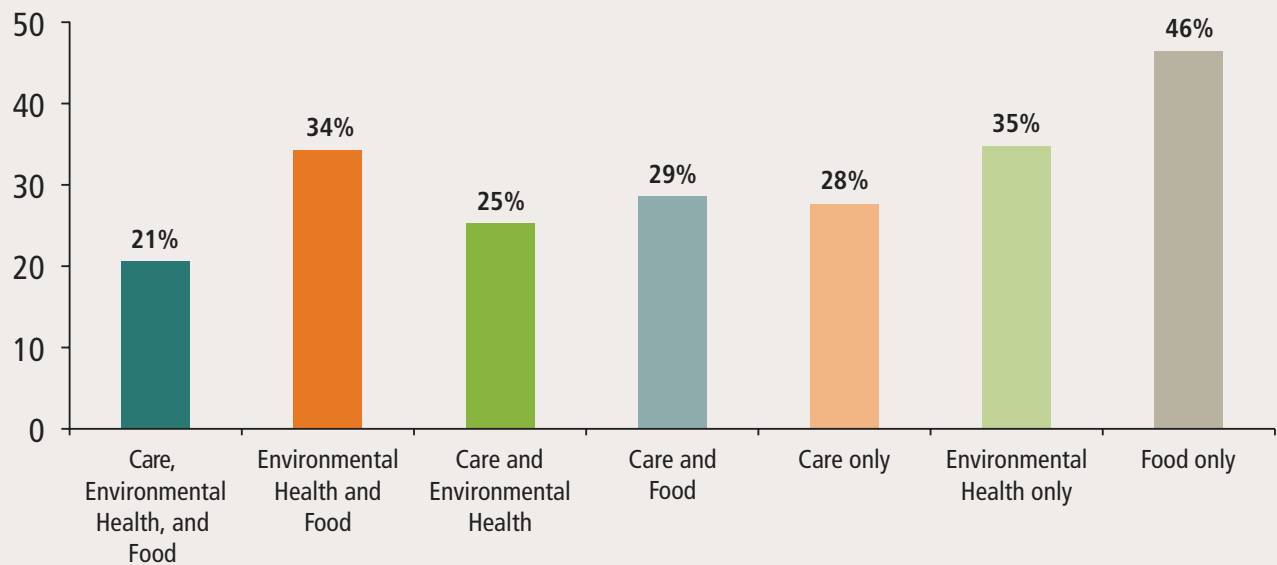
It is now accepted that effective implementation of some 10 nutrition-specific interventions, for example, improving feeding and hygiene practices and micronutrient supplementation, will, on their own, avert approximately one fifth of the existing burden of undernutrition (Bhutta et al. 2013). Convergence of these interventions with other sectors is therefore necessary to address additional factors that contribute to undernutrition, including food

security, poverty, water and sanitation, women's empowerment and education, and health care.

One study in India further illustrates the importance of convergence. Newman (2013) found that in households without adequate levels of food, hygiene, or health care, stunting was 30 percentage points higher than in households with adequate levels of all three. When households managed to adequately address even one additional category, stunting declined significantly (Figure 1, page 2). However, India has a long road ahead to achieve even minimal synergies, as evidenced by the fact that nearly 73 percent of households cannot access adequate levels of food, health, or care for their children (Newman, 2013).

To identify global lessons in working multisectorally for nutrition and to ascertain what lessons could be applied to the Indian context, a team from POSHAN examined global best practices from other countries, including Bolivia, Colombia, Peru, Senegal, and Thailand (Cunningham 2011; Garrett & Natalicchio 2011; Meija-Acosta 2011; Hoey & Pelletier 2011; Heaver & Kachondam 2002). The team also performed a desk review of nutrition policies and programs in India at the national and select state levels that were designed to involve multiple sectors, ministries, or actors. The remainder of this note presents lessons learned from the global experiences, describes current multisectoral

FIGURE 1 Percent of children between 6-24 months of age who are stunted by adequacy of care, environmental health, and food



Source: Newman 2013.

initiatives in India in nutrition, and makes recommendations that can ensure better implementation and sustainability of multisectoral approaches for nutrition in India.

WHAT DOES IT MEAN TO WORK MULTISECTORALLY?

There is a continuum of ways to work multisectorally, depending on the objectives of the work and the partners involved. The fundamental requisite is that actions across sectors are aligned and coordinated, with each actor doing their part and working towards the same clear goal.

BOX 1 Working multisectorally for nutrition: An operational definition

Working more comprehensively to bring the policies, programs, resources and actions to bear at the same time and place on the same child.

Types of multisectoral collaboration can range from networking, or simply exchanging information, to coordination, cooperation, and collaboration, where partners modify activities, share resources, and

enhance one another's capacities, to integration, where organizations share activities and even management (Figure 2). Consequently, within a single multisectoral endeavor, there can be many types of collaboration, each of which is adapted to respond to specific needs and conditions.

LESSONS FOR MAKING MULTISECTORAL APPROACHES WORK FOR NUTRITION

By definition, a multisectoral initiative involves not just one organization or agency but many, each with its own staff, interests, procedures, and resources. Getting all the different actors to work together, both horizontally and vertically, is very challenging. In addition, nutrition solutions often take time, and the effects of good nutrition are not readily visible. This runs the risk of reducing the imperative for action. Experiences from other countries provide the following insights about what might be done to address these issues in India.

Put and keep nutrition on the policy agenda.

The lack of a sense of urgency and visibility often means that nutrition tends to get on the policy agenda because policymakers choose to put it there, not because they are forced to address it. Nutrition can easily fall off the agenda if high-level authorities turn attention elsewhere. New political leadership,

development partners, and civil society can serve as catalytic forces that create policy space by putting and keeping nutrition on the policy agenda.

Locate strong leaders at multiple levels.

Leadership across levels is needed to fill the policy space with effective multisectoral action. High-level policymakers create the policy space, which then high-level technical staff and leaders of stakeholder organizations fill as they bring the collaboration into being. Mid-level managers then lead the operationalization of the collaboration.

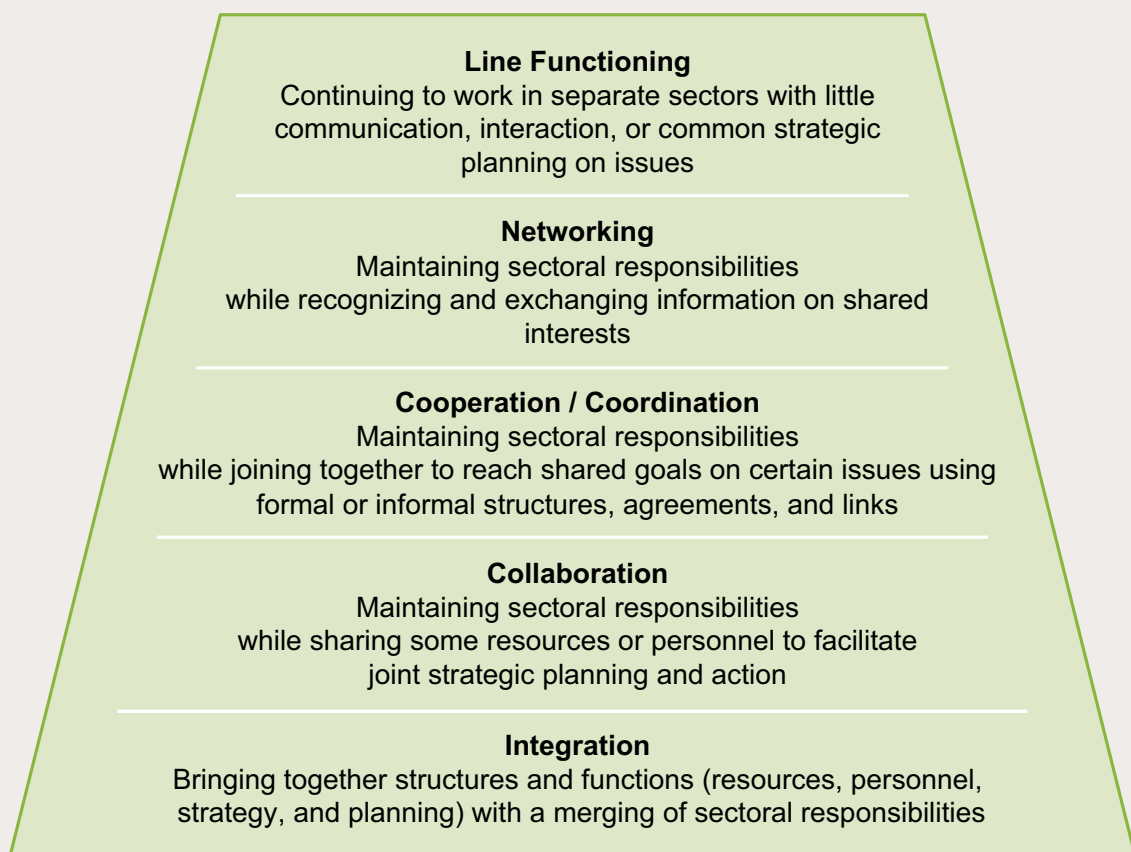
Generate and disseminate evidence to support political commitment and increase the effectiveness of actions. Policymakers, government technical staff, and other partners and stakeholders need solid evidence to make the case for action, underpin their commitments, and guide their actions. Evidence on the importance of nutrition to development, the nutrition situation, and ways to

make programs and policies most effective must be available.

Promote an approach that values partners and partnerships, not a specific action or blueprint.

Successful efforts at working multisectorally build collaborations based on respect, transparency, inclusion, and ownership. Successful efforts invariably develop a common understanding and vision of problem and solution among partners; ensure that partners are clear on their specific roles and responsibilities and that they agree on and are held accountable for their actions; and provide structures and incentives to work together. Organizations must also have the flexibility to accommodate their partners. Changes in contractual relationships or modes of supervision may be needed, for example. Applying these values internally, so that an organization's own staff shares a vision of problem and solution, is also important.

FIGURE 2 A continuum of multisectoral collaboration



Sources: Based on Himmelman 1996; Himmelman 2002; Harris and Drimie 2012.



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Ensure lateral leadership. Ultimately, it is not the structures but the people in them that are most important. In addition, those people must be led and managed effectively. That is why people-centered approaches consistently undergird success. Given the fact that multiple line-ministries will be making contributions, a single authority with full operational control over them all is unlikely. Success will thus be achieved primarily by having strong, capable leaders and administrators who are skilled at lateral, rather than top-down, management.

Provide incentives to work together. Leaders of initiatives must give partner organizations reasons to work together. Partners must clearly perceive that the benefits of working together outweigh the costs and that collaborating helps them to achieve their own goals. While adequate funding must be available, financial rewards may not be a strong incentive for action. Instead, people can be strongly motivated if they see how working together meets their personal or institutional objectives—for example, if the program gives them credit and

praise for success or helps them to become more cost-efficient.

Hold actors accountable. Mechanisms to monitor for management and to report on achievements and impact should be established. Indicators should reflect the program's impact pathways. Accountability structures need not be seen only as negative pressure; they can provide incentives for results and a sense of momentum and accomplishment to partners, creating enthusiasm for the initiative and insulating it from political interference.

Ensure programs have good managers and leaders. Build capacities of weaker partners if needed. Although technical skills are important, “soft” skills in leadership and management are equally, if not more, critical. Agencies with relatively solid technical and financial capacity need to lead initiatives, but training can overcome limited capacity in partner organizations.

Reduce risks and prepare for political change. Leaders must continually educate and inform the ever-changing political authorities to maintain

support and understanding. They should strengthen alliances by constantly engaging and demonstrating the benefits of working together to partners, beneficiaries, and stakeholders. In addition, they should work to institutionalize the initiative as a program of the state, rather than of a particular political administration.

THE INDIAN EXPERIENCE IN WORKING MULTISECTORALLY FOR NUTRITION

National Efforts

India has long recognized the need to act multisectorally to tackle maternal and child undernutrition. Since the early 1990s, many people have worked

to put nutrition on the policy agenda, and the Government of India has made a number of efforts to establish policies, programs, and structures to frame and operationalize multisectoral coordination (Figure 3).

However, operationalization of these initiatives has been limited. The issue of nutrition and working multisectorally has tended to rise and then recede from the policy agenda. Concrete collaboration and coordination have been lacking, even as the establishment of coordinating committees and nutrition missions indicates agreement on the goal and a realization that different sectors have something to contribute.

FIGURE 3 Key milestones in India's multisectoral endeavors to improve nutrition

1993	<ul style="list-style-type: none"> • National Nutrition Policy is drafted and calls for interministerial coordination for sectoral actions for nutrition.
1995	<ul style="list-style-type: none"> • National Plan of Action on Nutrition is drafted.
1998	<ul style="list-style-type: none"> • 9th Five-Year Plan (1998-2002) assesses progress in achieving sectoral commitments to nutrition as outlined in National Plan of Action.
2002-2003	<ul style="list-style-type: none"> • 10th Five-Year Plan (2002-2007) recommends setting up of a National Nutrition Mission (NNM) to coordinate and monitor implementation of the National Nutrition Policy. NNM set up in 2003.
2007	<ul style="list-style-type: none"> • 11th Five-Year Plan (2007-2012) is drafted. Makes no mention of National Nutrition Policy, National Plan of Action, and NNM.
2008-2010	<ul style="list-style-type: none"> • Prime Minister's National Council on India's Nutritional Challenges set up. Recommends multisectoral approaches in the 200 high-burden districts. • Planning Commission convenes a regular multisectoral review mechanism.
2012-2017	<ul style="list-style-type: none"> • 12th Five-Year Plan (2012-2017) is drafted. Following the National Council's recommendation, a multisectoral program in 200 high-burden districts is proposed. Also proposes sectoral actions for different ministries and setting up nutrition councils at state and district levels.

Sources: Government of India 1993; Ministry of Human Resource Development 2003; DWCD 2005; Planning Commission of India 1998, 2002, 2007, 2012; Dhawan 2008



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The new *Multisectoral Nutrition Programme to Address Maternal and Child Undernutrition*, which was conceived in 2008 by the Prime Minister's National Council on India's Nutrition Challenges and launched in 2014, holds promise that a multisectoral approach will be implemented and sustained. The program is founded in the principle of convergence. It identifies a number of core interventions that, working together, could significantly improve the nutrition of children under 6 years of age, pregnant and lactating women, and adolescent girls in 200 high-burden districts. The program lists interventions in water and sanitation; health services, especially pre- and post-natal care for mother and child; nutrition education; and household food production. The principal ministries involved are the Ministry of Women and Child Development (MWCD) and the Ministry of Health and Family Welfare (MHFW). The role of other Ministries, beyond their sectoral responsibilities, is yet to be clarified.

Under the program, the ministries will establish state and district nutrition councils, which are

required to develop nutrition action plans based on baseline needs assessments. These plans will be consolidated upward to the national level. The implementation of multisectoral actions will largely devolve to the states and to the districts and communities. The program allows for some innovations in delivery models, including testing of approaches in urban areas and in rural-led panchayats (MWCD 2013).

The National Mission Steering Group (NMSG) of the Integrated Child Development Services, which is chaired by the Minister of the MWCD, oversees the program at the national level (Best Current Affairs 2013). The NMSG functions as the Executive Committee of the Prime Minister's Council. An Empowered Programme Committee, which is headed by the Secretary of the MWCD and reports to the NMSG and the Prime Minister's Council, guides the program and approves the action plans. The Chief Minister guides convergence at the state level, and the district magistrate or collector heads the district nutrition councils. At the village level,

village health, sanitation, and nutrition committees are responsible for reviewing programs and ensuring the overall coordination and supervision of the program (MWCD 2013a).

State Efforts

Structures or initiatives to work multisectorally in nutrition now also exist in several states. State nutrition missions or similar initiatives aim to provide overall policy direction and include structures that facilitate the coordination of implementation of state-specific nutrition policies by stakeholders, including state agencies, development partners, community-based organizations, and nongovernmental organizations. A number of states have also established nutrition councils, as required under the national program.

As of March 2013, 10 states¹ and Delhi had councils, and three states² were in the process of constituting such a council (Best Current Affairs 2013; Government of India 2013). Five states³ have their own nutrition missions or equivalents. Odisha (see box) does not have an officially stated nutrition mission, but possesses an equivalent mechanism.

These efforts demonstrate political commitment to nutrition at many levels and a widely shared understanding that reducing undernutrition requires a multisectoral approach. Key observations from the desk review of the national and select state-level

approaches to working multisectorally are summarized below (KCNM 2002; ABAEPM undated a; ABAEPM undated b; GSNM 2012; GAP 2012).

- ▶ The multisectoral breadth, modalities, and scale of state-level initiatives are diverse even if the objectives are similar.
- ▶ The extent to which each state has operationalized its mission or other such mechanisms varies. While some states are moving ahead with concrete actions, in others efforts are not as far ahead. The state missions have found challenges in determining who should lead the effort and how to coordinate and collaborate among the different ministries and actors, from state to village level.
- ▶ MWCD and the MHFW typically lead the state missions and often work with the Ministry of Rural Development. Inclusion of other sectors such as education and water and sanitation is weaker, and with the exception of Karnataka, which highlights nutrition-sensitive agriculture, the involvement of agriculture (and allied sectors) is lacking. This suggests that not all sectors are yet fully on-board and that gaps in achieving multisectoral collaboration still exist.
- ▶ Planning and implementation commonly involve the community and non-governmental organizations. Some missions have paid particular attention to flexibility, learning, and innovation.

Box 2 Working Multisectorally for Nutrition in Odisha

With a comprehensive understanding of the determinants of good nutrition, the Government of Odisha has worked to encourage multisectoral convergence in nutrition. The Government of Odisha prioritizes collaboration among the different line ministries, nongovernment organizations, and civil society groups whose actions directly affect nutrition of women and children. The ministries responsible for rural development, agriculture, food supplies and consumer welfare, and women and children, water and sanitation, education, and even the financial sector, which operates a conditional cash transfer scheme for pregnant and lactating women, are all involved in the program. Delivery and monitoring are decentralized to the village level, so the communities are involved in ensuring the program's success. The program includes nutrition messages for mothers and vocational and lifeskills training for teenage girls. Policy and program convergence happens through the state nutrition council, state and district level committees, and village and gran panchayat structures

Source: Ahuja 2013.

- ▶ Available documentation, albeit limited, indicates that in most states activities revolve more around multisectoral collaboration in planning, rather than in implementation. As a result, each department can continue to act along its own lines. Functional cooperation or integration appears to be still nascent. Still, in terms of the continuum of collaboration, India seems to have moved beyond line functioning to at least some common consideration of the issue in terms of planning. However, without further coordination, it is unlikely that the needed interventions will reach the same child at the same time and place.
- ▶ It is unclear, in the state programs, whether the authorities chosen to lead the missions have the capabilities to direct the operations of other ministries. This could complicate the day-to-day operations and synergies that are needed to be effective.
- ▶ A potential emerging challenge for multi-sectoral action could be the multiplicity of nutrition initiatives currently rolling out across the country, which include the Multisectoral Nutrition Programme to Address Maternal and Child Undernutrition, existent or emerging state-level nutrition missions, the Integrated Child Development Services (ICDS) Mission in 200 districts, and the World-Bank supported ICDS Systems Strengthening for Nutrition Implementation Project (ISSNIP), which aims to strengthen ICDS systems in diverse ways. Building clear operational linkages among these at the state and district levels will be imperative to success.

IMPLICATIONS FOR INDIA AND RECOMMENDATIONS

The global experiences show that instead of a silver bullet, a single action or structure, for making multisectoral collaborations work, there seems to be a package of principles and actions, elements of an approach, that can significantly improve the chances of success. These include the following:

Promote an approach that values partners and partnerships and encourages collaboration.

The next steps for initiatives in India are to apply management principles and approaches that can help different sectors to work together more

closely in planning and implementation. The need to develop state- and district-level plans under the national program provides such an opportunity. Figure 4 shows the main steps of one successful approach, known as Theory U, which has been employed in the private and public sectors (McLachlan and Garrett 2008). The approach focuses on how to bring together different actors with different interests to work jointly, as they must, to solve complex problems. To work effectively together across sectors, the key stakeholders should pass through a structured process of seeing, understanding, acting, and producing knowledge together. Ultimately, by working through the phases, key stakeholders learn to understand the problem, understand each other, build evidence and gain experience about what works, and why or why not, and can emerge with a coherent, technically and politically sound, agreed-upon plan to address the problem. Argument and conflict are often inevitable, but progress is made so long as the participants are committed to examining the evidence openly, learning from others, and also learning to see themselves and the problems and solutions as others do.

Inoculate the nutrition agenda against political change. Tackling maternal and child undernutrition is currently high on the political agenda, and the country has strong alliances to help keep the issue of nutrition there. At the national level and in several states, efforts are being made to establish or strengthen coordination mechanism across sectors. However, changing political agendas pose risks to sustainability. Providing space and scope for effective multisectoral coordination (that is protected against political agendas within bureaucracies) is critical for long-term effectiveness.

Build strategic, managerial, and operational capacities. Concerted efforts at national and state levels should provide adequate high-level technical leadership. Since the locus of operations for the national Multisectoral Nutrition Programme to Address Maternal and Child Undernutrition seems to be at the local level through state and district plans, programs must also identify and address capacity needs and gaps at the decentralized levels to plan, design, and implement multisectoral actions. Investing in capacity audits for multisectoral action can be valuable.

FIGURE 4 Theory U: A change management approach for effective multisectoral collaboration

Phase 0: Convening

- Clarify purpose and players

Phase 1: Co-Seeing

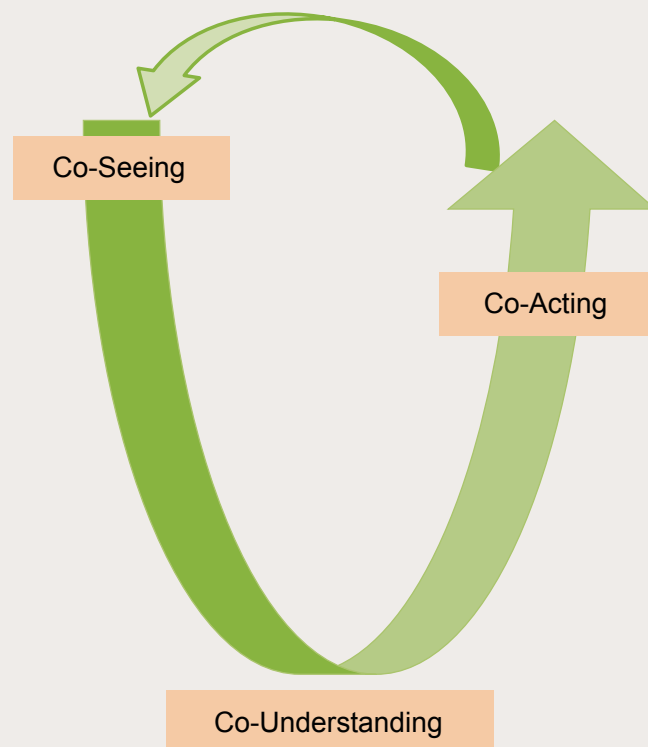
- Learn to see
- Put evidence on the table and talk
- Meetings and workshops

Phase 2: Co-Understanding

- Develop shared understanding
- Retreats and reflection

Phase 3: Co-Acting

- Bring new reality into existence
- Pilot /Learning projects



Source: Based on McLachlan and Garrett (2008), adapted from Senge et al. (2004).

Box 3 Key recommendations to strengthen multisectoral actions for nutrition in India

1. *Make nutrition a political and bureaucratic priority and keep it there through leadership and advocacy at the highest levels. State Chief Ministers, Chief Secretaries, District Magistrates and Collectors need to own the issue themselves and hold core departments accountable.*
2. *Build a common understanding of nutrition, key actions, and sectoral roles through advocacy and knowledge mobilization at multiple levels.*
3. *Invest in collaboration-strengthening processes (like the Theory U change process) to ensure that the National Nutrition Council, state nutrition missions, state nutrition councils, and district nutrition councils function in a truly convergent and collaborative manner.*
4. *Establish accountability mechanisms that have incentives for performance- and results-based actions.*
5. *Build an evidence base, through monitoring and research, to identify factors that enable truly effective multisectoral collaboration at national, state, district, and village levels.*

Clarify and strengthen incentives for

collaboration. While working multisectorally is encouraged in India, the incentives for sectors to collaborate do not appear to be clear. The success of working multisectorally will hinge on various sectors and actors at different levels valuing the collaboration. An investigation of what incentives are likely to be effective and testing different incentive mechanisms for fostering collaboration across sectors is critical.

Institute accountability mechanisms and

hold actors accountable. Accountability of the operational sectors to the higher political authorities (the Chief Minister, for example) and to institutional partners is critical for success. Currently, some mechanisms exist at the national level, where sectors report to the Planning Commission in quarterly meetings; in some states, various departments report to the state Chief Secretary or Chief Minister. However, it is not clear what the real “carrot and stick” accountability mechanisms are and if and how actors are held truly accountable to the actions of a specific sector towards nutrition goals.

Cultivate a culture of honest monitoring and learning.

There must be a clear point of entry for monitoring and for acting on and resolving problems. A multisectoral team that works (travels to and supervises) at the community level has been tried in other countries (e.g., in Colombia). Monitoring should allow for identifying specific needs around interventions and how they relate to sectors involved. Monitoring systems that enable learning and program improvement as they relate to sectors involved is critical.

In closing, this Policy Note suggests that experiences from other countries and from within India can provide systematic and concrete approaches to help make India’s multisectoral endeavors to tackle undernutrition successful.

NOTES

1. Arunachal Pradesh, Haryana, Jharkhand, Karnataka, Mizoram, Odisha, Punjab, Rajasthan, Tamil Nadu, and Uttarakhand.
2. Gujarat, Himachal Pradesh, and Tripura.
3. Gujarat, Karnataka, Madhya Pradesh, Maharashtra, Haryana and Uttar Pradesh.

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ABOUT POSHAN

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ABOUT POLICY NOTES

POSHAN Policy Notes aim to provide evidence-based guidance to support policy and program actions for nutrition in India.

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