

A Multisectoral Initiative to Address Nutrition among Children in Remote, Conflict-Affected Zones of Odisha

BACKGROUND

With 44 percent of children under the age of 3 underweight and 38 percent stunted, the nutrition situation in Odisha is alarming (IIPS and Macro International 2007). One of the challenges to addressing this issue has been the lack of trained frontline workers to assess and refer such children to appropriate health services for care and treatment.

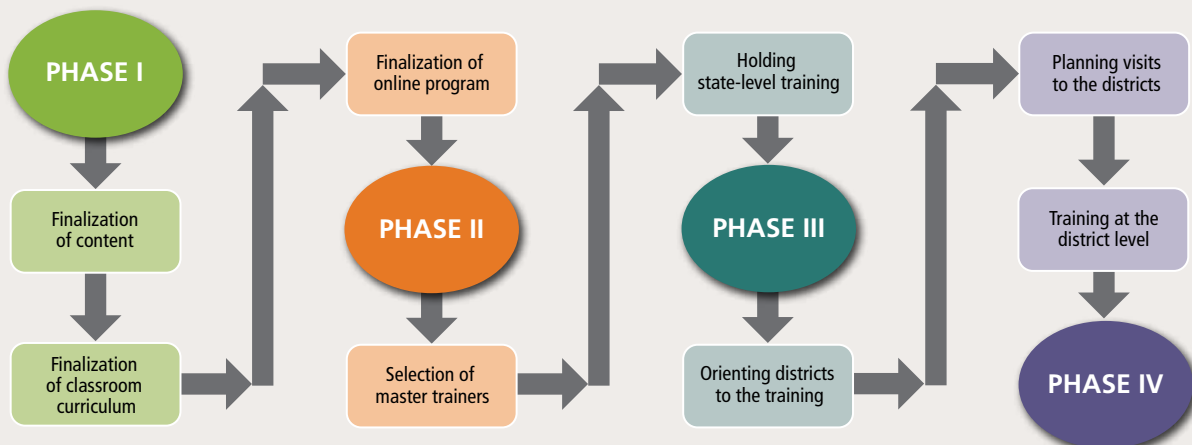
To create a substantial dent in this problem, a multisectoral partnership was initiated in September 2012 among the Department of Women and Child Development, the Department of Health and Family Welfare, the National Health Mission, the Government of Odisha, the United Nations Children’s Fund (UNICEF), and the Public Health Foundation of India, with funding support from the European Commission’s Humanitarian Aid

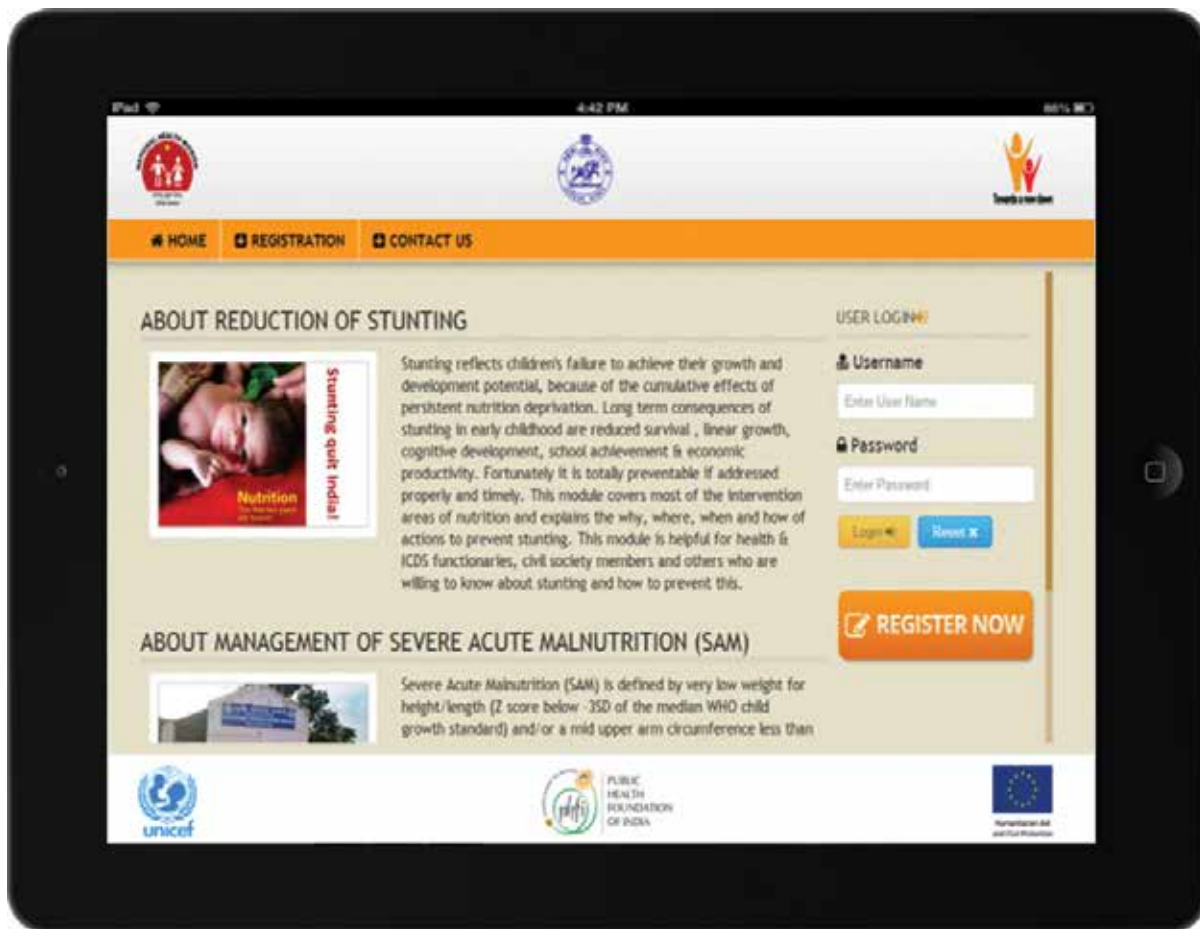
and Civil Protection department. The initiative aims to build the capacity of supervisors and child development project officers from the Integrated Child Development Services (ICDS) in Odisha to understand and manage the issue of stunting in children. Selected auxiliary nurse midwives (ANMs) and nutrition counselors from areas with a high prevalence of childhood stunting are also being trained.

APPROACHES AND METHODS FOR COLLABORATION

This project has four distinct phases: Phase I focused on developing a classroom-based training curriculum, Phase II focused on translating some of the curriculum into an online training course, Phase III focused on using the classroom-based curriculum

EXHIBIT 1 Activities undertaken at various phases during the project





to train all 2,200 ICDS supervisors and 220 selected ANMs in Odisha; and Phase IV is now dedicated to rolling out the online training to districts in Odisha.

In Phases I and II, the Public Health Foundation of India (PHFI), with technical input from UNICEF, developed comprehensive training modules on the basics of nutrition, water and sanitation, infant and young child feeding practices, facility-based management of severe acute malnutrition (SAM), childhood illness, behavior change communication, and monitoring and evaluation.

In Phase III, ICDS, with technical assistance from PHFI and UNICEF, organized 2-day trainings, in small batches of 40 members each across all 30 districts of the state. Staff from PHFI and officials from ICDS and the Department of Health and Family Welfare delivered the trainings using a mix of lecture and video-recorded modules with voiceover. UNICEF and PHFI jointly monitored the quality of the trainings by administering a pre- and

post-knowledge assessment and self-administered questionnaire to each participant of the trainings.

To scale up the initiative, the partners are now finalizing the online training course focused on stunting and SAM management. It is envisioned that child development project officers or supervisors will show this course to *anganwadi* workers in the field on a laptop. The Department of Women and Child Development will host the course on its website.

KEY FINDINGS

The resulting training program is unique in that it is evidence based and comprehensive, covering all aspects that influence stunting. The training curriculum is also delivered in an innovative manner, using a mix of audio, visual, and lecture.

The results from the pre-tests and post-tests for the trainings indicate that new knowledge significantly increased among trainees (PHFI and IIPH 2014).

Feedback from participants showed that use of audiovisual aids during the sessions made trainings interesting for them.

Partners in the initiative note several factors of success. One was that each of the partners came with a unique set of skills and domain expertise, which was leveraged in planning and delivering the intervention: UNICEF offered support in streamlining funding, trainers, and technical knowledge; PHFI offered curriculum development and technical knowledge; and the government agencies offered leadership and logistical support to ensure that everyone was trained. Another success factor was the proactive involvement of senior leaders from all organizations, which helped the junior members and officers to stay motivated. Finally, a strong sense of urgency in the face of the glaring problem of childhood stunting compelled partners to fully commit to the initiative.

The initiative also faced several challenges. Technically and logistically, one challenge was to develop a comprehensive curriculum that integrated the expertise of several different experts. Managing the timeline with so many experts was also difficult, which resulted in delays in the module-development process. There were also some issues of leaders at the district level not adequately planning and scheduling the training, which resulted in delays. However, effective leadership from the state government helped to reinforce the importance of the initiative and get any districts that were delayed back on track.

LESSON LEARNED AND CONCLUSION

This initiative demonstrated that with patience and high-level coordination among different sets of stakeholders from different agencies and with diverse perspectives, a successful training curriculum can be designed and delivered.

REFERENCES

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ABOUT POSHAN

Partnerships and Opportunities to Strengthen and Harmonize Actions for Nutrition in India (POSHAN) is a 4-year initiative that aims to build evidence on effective actions for nutrition and support the use of evidence in decisionmaking. It is supported by the Bill & Melinda Gates Foundation and led by IFPRI in India.

ABOUT IMPLEMENTATION NOTES

Implementation Notes summarize experiences related to how specific interventions or programs are delivered. They are intended to share information on innovations in delivery and are not research products.

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About Transform Nutrition

Transform Nutrition is a consortium of five international research and development partners funded by the UK government. Over 5 years, from 2012-2017, Transform Nutrition aims to transform thinking and action on nutrition and strengthen nutrition-relevant evidence in order to accelerate undernutrition reduction in South Asia and sub-Saharan Africa. For more information, please visit www.transformnutrition.org.

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