Together for Nutrition 2014
Working Across Sectors to Improve Nutrition in India
October 29-30, 2014 • New Delhi, India

INTEGRATION IN PRACTICE THROUGH EFFECTIVE INTER-SECTORAL CONVERGENCE: The Example of SuPoSHaN Program of the Government of Madhya Pradesh

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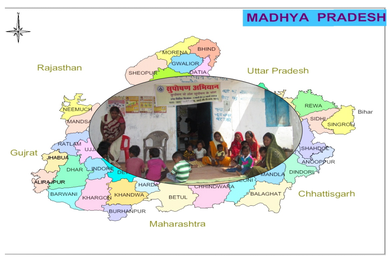
Background



Madhya Pradesh (MP) reports a prevalence of 52% childhood underweight (20% severely underweight: SUW). Majority (85%) SUW can be nutritionally rehabilitated with a community based management approach (C-NRC) and with adequate attention to prompt treatment and prevention of infections – a known contributor to poor appetite and weight loss. The Directorate of ICDS-GoMP has rolled out (since March 2014), the SuPoSHaN program (Supportive Program on Sustaining Health and Nutrition) with in-built components of collaborative action. This program aims at reducing SUW prevalence and prevention of under-nutrition through multi-pronged strategies to address food insecurity, infections, inadequate health access, and poor WASH (water-sanitation-hygiene) practices.

Partners in this initiative include the National Health Mission (NHM), Public Health Engineering Department (PHED) and Community Based Organizations (CBOs) chiefly Village Health Nutrition and Sanitation Committee (VHNSC orTadarth Samiti) The **SuPoSHaN Program** is implemented in 6-month rounds:

- **1st month:** Day-care C-NRCs are held at SuPoSHaN-Sneh Shivir (S-SS) located in the anganwadi center (AWCs) in villages where number of SUW (0-5y) is > 4; this phase is known as SuPoSHaN- Curative. Identified SUW are screened by mobile health teams of Rashtriya Bal Suraksha Karyakram (RBSK). Admitted SUW children are fed supervised three nutritious meals daily for 12 days; prepared by self-help groups (Sanjha Chulha) with support of trained Poshan Sahyogini (PS). Mothers help cook meals, feed children and receive counselling. ANM/ASHA make visits and treat ailing children. Post discharge from shivir, home visits are made for 18 days to monitor progress of children. ICDS supervisor is the chief functionary who oversees shivir implementation.
- **2nd to 6th month:** Prevention of malnutrition phase, known as SuPoSHan- Preventive, comprises community-to-home IEC strategies with BCC focus; hygiene-sanitation drives (safai abhiyaan); convergent services by Health-ICDS (Village Health-Nutrition Days: special VHNDs) and joint ICDS-Community monitoring (Poshan Mitra).
- Soon after the first month is over, new phases are initiated in different villages, while in the villages where 'curative phase' is over, 'preventive phase' begins.
- During March to July, three phases were initiated; and October marks the onset of 4th phase.

Inter-sectoral Collaboration SuPoSHaN - Convergence with Health and WASH

SuPoSHaN already has in its program plans and institutional arrangements, many of the elements proposed in the Ministry of Women and Development (GoI) initiative - The Multi-sectoral Nutrition Programme to Address the Maternal and Child Undernutrition (2013-2015) in 200 High Burden Districts in India:

MWCD-GoI: National Multi-sectoral Nutrition Programme- Objectives and Components

- Enhancing the capacities and skills of service providers, beneficiaries and communities.
- Programmatic and institutional convergence of Nutrition Specific and Nutrition Sensitive interventions- specific roles and responsibilities for a strong coordinated approach
- Increase in availability-accessibility of key maternal-child health-nutrition services through convergence of sectoral programmes.
- Multi-sectoral action for empowering families and communities for improved health-nutrition-water-sanitation-hygiene (HNWASH) practices.
- A robust monitoring system to track the progress and achievements

SuPoSHaN Program Plan and Components

Government Directives of SuPoSHaN:

No. 2 -Human Resources (roles of ICDS-Health Service Providers), supply and logistics support from NHM:

- 2.1 –specifies village level support to ICDS from ASHA, ANM, MO and RBSK teams
- 2.2 -divisional, district, block and project level convergence between Health-ICDS for joint training, implementation and monitoring.

No. 3-Initial preparation and Community Mobilization; screening of children, role of MO-ANM in special VHNDs.

No 7- Financial guidelines: Budgetary allocation from NHM for procurement of medicines, weighing machines, micronutrients, incentive for MO, medical officers, mobility support to take the referred children to NRC or hospital

MIS:

- Child profile card of S-SS children tracks weight, healthcare, food intake during and after shivir.
- Weekly review meetings and field visits for monitoring progress and identify gaps

Status of Inter-sectoral Convergence of ICDS with Health and WASH for SuPoSHaN Implementation and Monitoring

A summary picture of Expected vs Existing participation is given below, based on three data sources: a) Rapid Appraisal of early experiences of roll out of 30 S-SS in 14 districts; b) SWOT analysis of S-SS based on compiled responses of 200 CDPOs participating as Master-Trainers in 7 divisional level trainings (June 2014); c) spot monitoring visits to AWC-Shivir Centers by Technical Officers (Nutrition) of MPTAST in 12 districts (October 2014). Responses were analysed from completed semi-structured questionnaires and discussions with ICDS functionaries in field visits. In view of multiple data sources and regional variations, responses are categorized as those obtained from above 50% (+++); 50-30% (++) and less than 30% (+).

There was remarkable consistency in the trends of results with respect to health department's engagement in S-SS.

Status of Convergence with Health Department in SuPoSHaN

S. No	RESPONSES	Frequency + / ++ /+++
1.	Health Department represented in Divisional and District level S-SS Trainings Division District	 + +++
2.	Regular presence of RBSK team for screening children on day 0 of shivir	++
3.	In RBSK absence, screening done by ANM, MO or AMO from nearby PHC / CHC	+++
4.	Health check up by MO or RBSK on day 12 and 30 of shivir • Check up by ANM in MO absence, with provision of treatment of illness of admitted children	++ ++
5.	ANM and ASHA active during • VHND • during Sneh Shivirs (ASHA support available)	 +++ ++
6.	Co-ordination between AWW and ANM-ASHA is good during • ·VHNDs • Sneh Shivirs	 +++ ++
7.	Gram Aarogya Kendra (GAK) • ·GAK's presence in AWC has increased access of community to affordable health care • ·VHNDs at GAKs have increased child attendance at AWC and S-SS • ·VHND-GAK services have improved growth and overall health of some children	 +++ ++ +++
8.	ASHA-ANM active as Poshan Mitra members	++
9.	Desired micronutrient supplements provided to AWC children and S-SS admitted children (iron syrup in short supply at times)	+++
10.	Home visits are essential to maintain weight gain after discharge	+++

* Frequency of responses: + (<30%); ++ (30-50%); +++ (>50%)

Gram Aarogya Kendra information on the wall of an anganwadi center

Joint training for SuPoSHaN Implementation-- towards departmental convergence

Training module for Master trainers

Which Factors Facilitate Active Involvement of Health Department in S-SS

Health Officials are likely to participate In Divisional and District Training if...

- There is written communication which reaches all levels, with active follow up by DPO
- Senior health officials chair sessions and encourage their MOs to get involved
- Relevant training resources are used, integrating Nutrition, Health and WASH topics

RBSK-AYUSH doctors' presence for screening shivir children is more likely if...

- Written Directives are sent; there are joint micro planning- visit scheduling meetings at district and sector levels
- Senior health officials/district leaders (collectors) show keen interest and feel involved –their presence in meetings increase participation of health officials in shivirs
- Experience of initial S-SS phases is used to improve RBSK presence in subsequent phases.
- Despite efforts, shortage of health staff and their departmental priorities limit their participation

Screening and health check-up of children by RBSK team

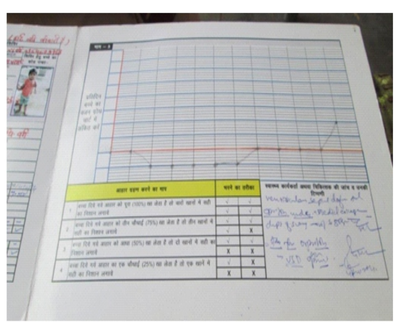
Vitamin A administration to children during VHND

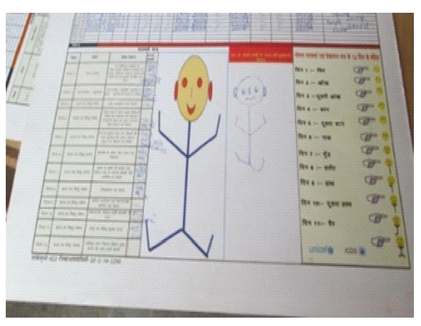
Grassroots Functionaries (ANM-ASHA) Are Likely To Significantly Contribute to infection control and sustaining nutritional rehabilitation of shivir children if...

- The ICDS supervisor-CDPO maintain active liaison with health functionaries through weekly-monthly meetings and SuPoSHaN review
- ASHA-ANM have good rapport with AWW and Poshan Sahyogini;
- They show regular presence in shivirs besides VHNDs; and conduct home visits in families where children need health care and treatment for infections
- Village leaders (Sarpanch and VHNSC members) get involved and contribute through supplies or funds or mobilizing partner departments

The MIS system maintained in shivirs (child profile card) enables weight monitoring and Health care delivery recording of each child from day 0 till day 90

- Through regular review of Child Profile Cards, corrective action is facilitated such as providing ORS and zinc to child with diarrhea, counselling, home visits and referral if needed
- Frequent weight gain monitoring increases interest and participation by mothers

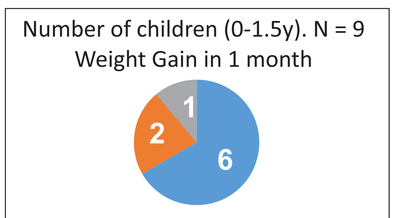


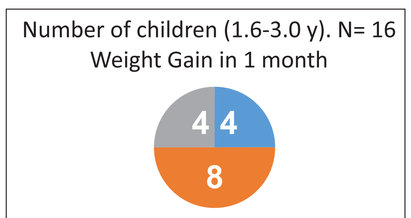


Complete the mascot' exercise by mother is a motivating tool for regular attendance.

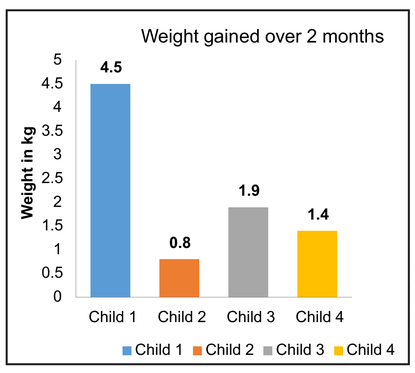
Breaking the malnutrition –infection cycle is critical for nutritional rehabilitation in SuPoSHaN

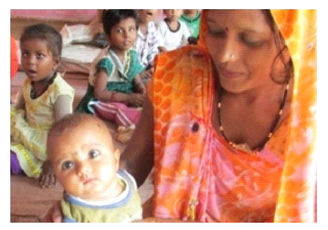
A snapshot picture of weight gain of 25 children admitted to shivirs and treated for infection by ANM-ASHA (data compiled from spot monitoring visits by MPTAST district teams), reveal how important it is to ensure accessibility to healthcare throughout. Most gained weight of about 100-300gms in 1 month; the normal expected weight gain is 200-300 g/month at this age (WHO 2007). Of the 25, more were in the older age category (1.5-3 y); indicating this group's vulnerability to infection.





Home visits appear to further enhance weight gain. Home visits by ANM and AWW helped to ensur weight gain of child after discharge from shivir.





Four cases are illustrated here- of whom one was a 2 month old low birth weight girl, who gained weight rapidly after her mother was nutritionally rehabilitated and could establish satisfactory lactation

SuPoSHaN – WASH Linkages

Nutrition-WASH interphase in SuPoSHaN is illustrated below:

SuPoSHaN – Curative:

- Attention to food safety and hygiene in meal preparation for children and mothers;
- Hand washing kit is a part of supplies -hand washing demonstrations are popular; staff ensure children's hands are washed before meals
- WASH messages are integrated with nutrition-health messages in counselling calendar, in visual aids and monitoring system

SuPoSHaN –Preventive:

- IEC Strategies at all 3 levels – have a structured topic calendar of key

- HNWASH messages to ensure adequate to these in all centres
- Each vishesh mangal diwas session on Tuesdays –of 1.5 hours duration- has the last 30 minutes devoted exclusively to WASH topics
- Visual aids like Samvad cards include nutrition, Health and WASH topics -

Complementary feeding- quality and quantity

Complete Immunization

Ensuring food safety

MARYADA launched in MP in April 2002

This is a community-led and women-centered campaign focused on the provision of safe water, sanitation and individual toilets for the dignity (maryaada) of women. It aims to increase access of villages to piped water supply and works towards ensuring Open Defecation Free (ODF) villages. It deploys Swatchata Doots (frontline sanitation workers)- one per 150 households- for motivating families to construct and use toilets and adopt key hygiene behaviors; and involves ICDS functionaries.

Key Factors Contributing to Achievements of WASH campaign

- Community based approaches - trained Youth Network as 'motivator groups'
- Association of local ICDS, Health and Education Department functionaries in WASH.
- SuPoSHaN program also has 'Safai Abhiyaan' as one strategy- facilitating convergence with the WASH activities.
- Promoting local leadership and panchayats for participatory Village Action Planning.
- Building local capacity towards maintenance- training local Masons.

Over 1 lac villages are in the process of achieving ODF status and over 8.6 lac households have constructed individual toilets

LESSONS LEARNT AND STEPS FORWARD BY ICDS DIRECTORATE, GoMP

The planning process and operationalization of SuPoSHaN illustrates integration in practice. This presentation illustrated how inter-sectoral collaboration between partner departments is facilitated through training and sensitization efforts, written directives and instructions coupled with follow up action to ensure presence of partners. And the interest and 'sense of involvement' of senior officials and community leaders.

Ensuring attention to both structure and function in each key component of SuPoSHaN plan helped its execution and inter-sectoral linkages.

The critical support of NHM to control morbidity in vulnerable children and ensure sustained weight gain in face of illness is evident.

Though the Maryaada campaign and WASH activities run parallel rather than converging with Health or ICDS, their contribution to improving nutritional profile of children will be significant.

Forward looking Government action to overcome challenges :

- Incremental training to supplement the planned training programs because capacity building is an ongoing process.
- Systematic review of IEC activities in the state including those in SuPoSHaN.
- Home visit monitoring to be strengthened to enhance impact.
- More frequent reviews of implementation, and strengthen result focused MIS.
- A second sample survey nutritional status of MP's children and women by the National Institute of Nutrition is to begin, to see the change in levels of malnutrition after roll out of ABM and ICDS Mission supported programe.
- A State level third party evaluation of SuPoSHaN is being planned, to learn how it can be strengthened.