

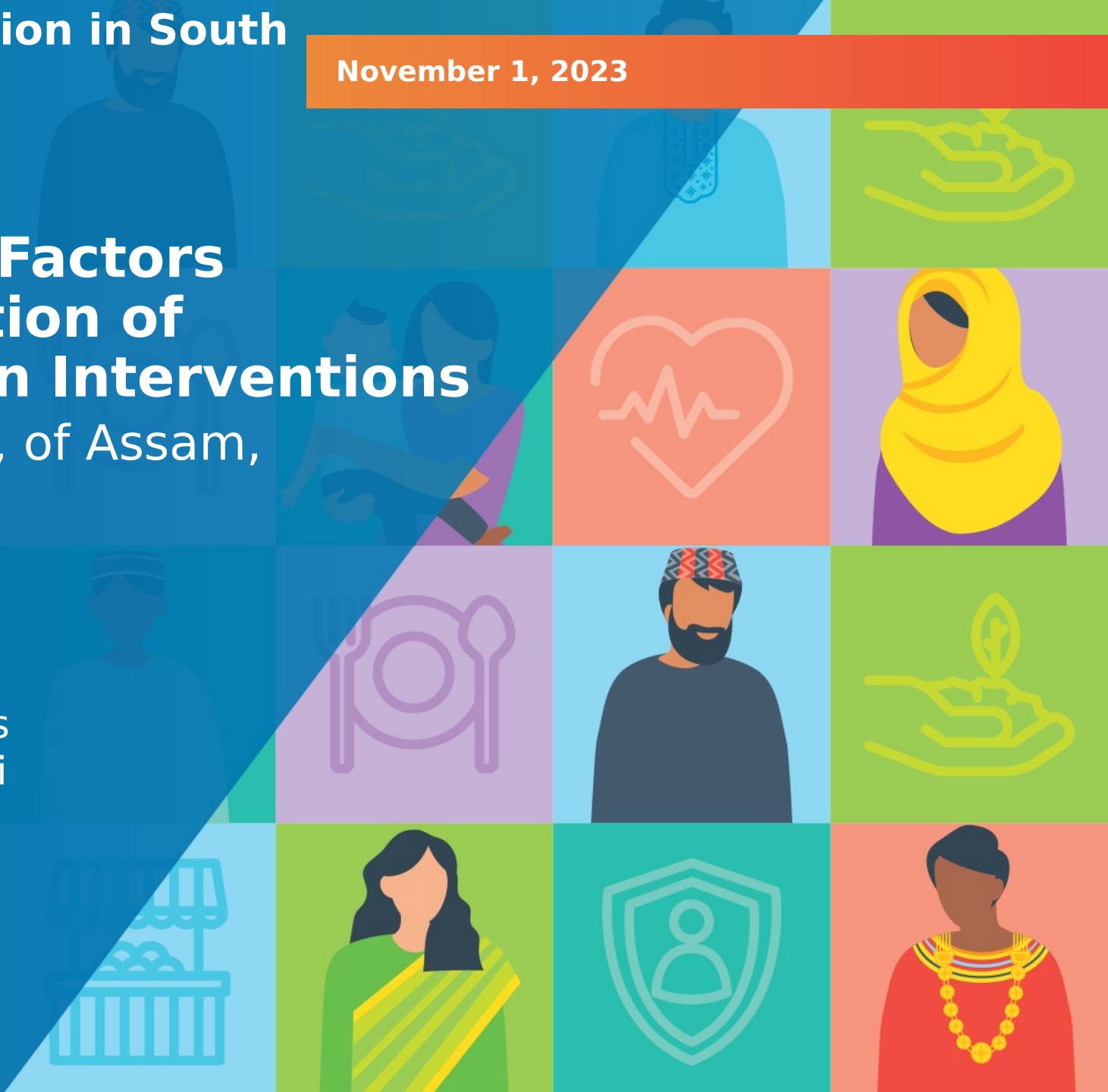
Contextual Intersecting Factors Influencing Implementation of Evidence-Based Nutrition Interventions

A Case Study of Dhubri District, of Assam, India

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Objectives

- To study the contextual factors, and nature of the health system at the village level and their influence on nutrition interventions in Assam.
- Part of a larger “Survey of Nutritional Status of Children under five in select districts of Assam”. A joint study by Directorate of Economics and Statistics Assam & IITG

Methods

- 28 IDIs, 6 FGDs, and 4 KIIs. Participants included AWWs, ASHAs, ANMs, and Elected Representatives. Participants of the FGDs were mothers of children under five and pregnant women.
- The main themes of the topic guide included tasks carried out by the frontline workers, challenges faced in the implementation of interventions, community participation, financing, nutrition monitoring and surveillance, initiatives and innovations in interventions.
- A directed content analysis approach was used for the data analysis.

Study Area

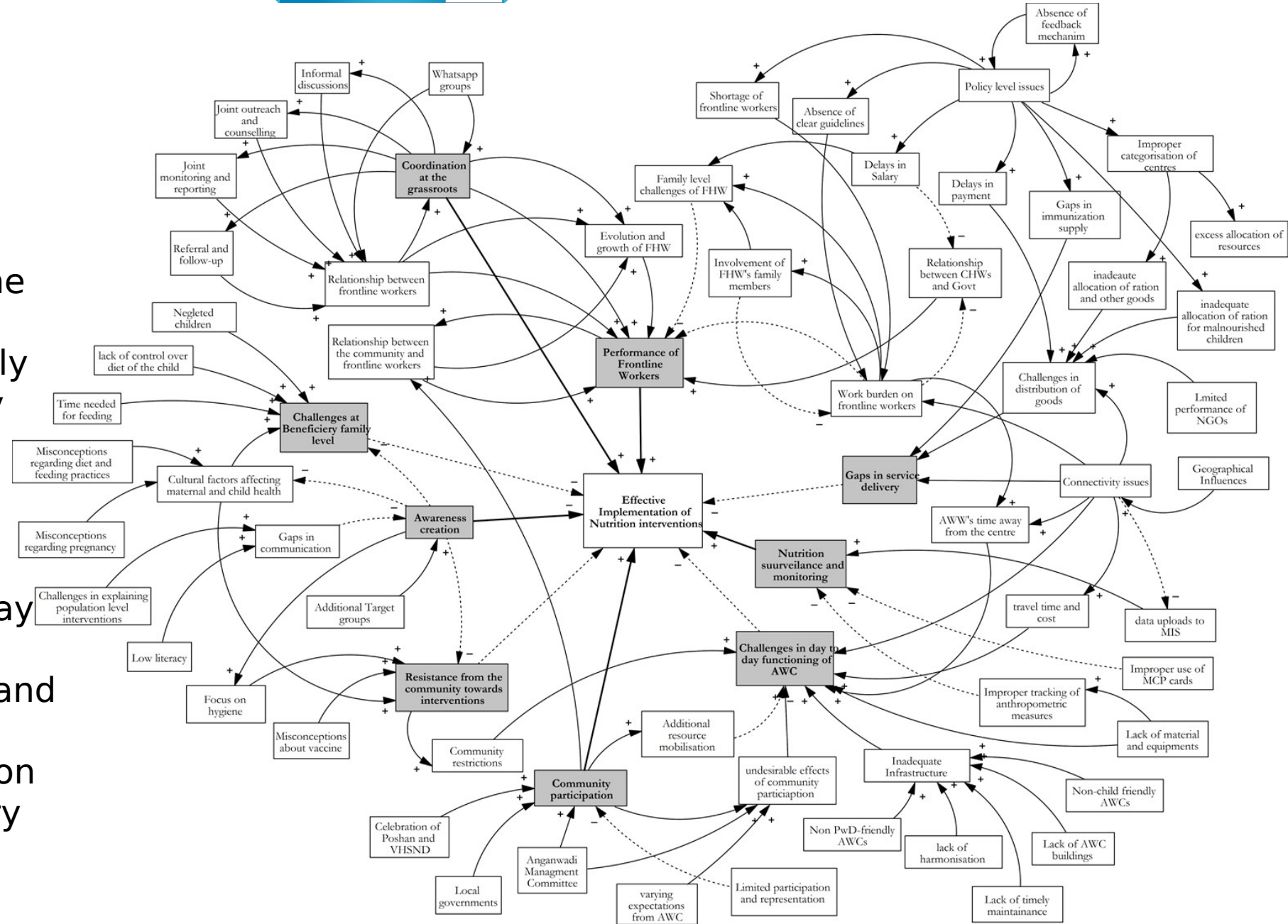
Dhubri, the westernmost district of the Indian state of Assam along the international border with Bangladesh.

Data collection in February and March 2022.



Overarching themes

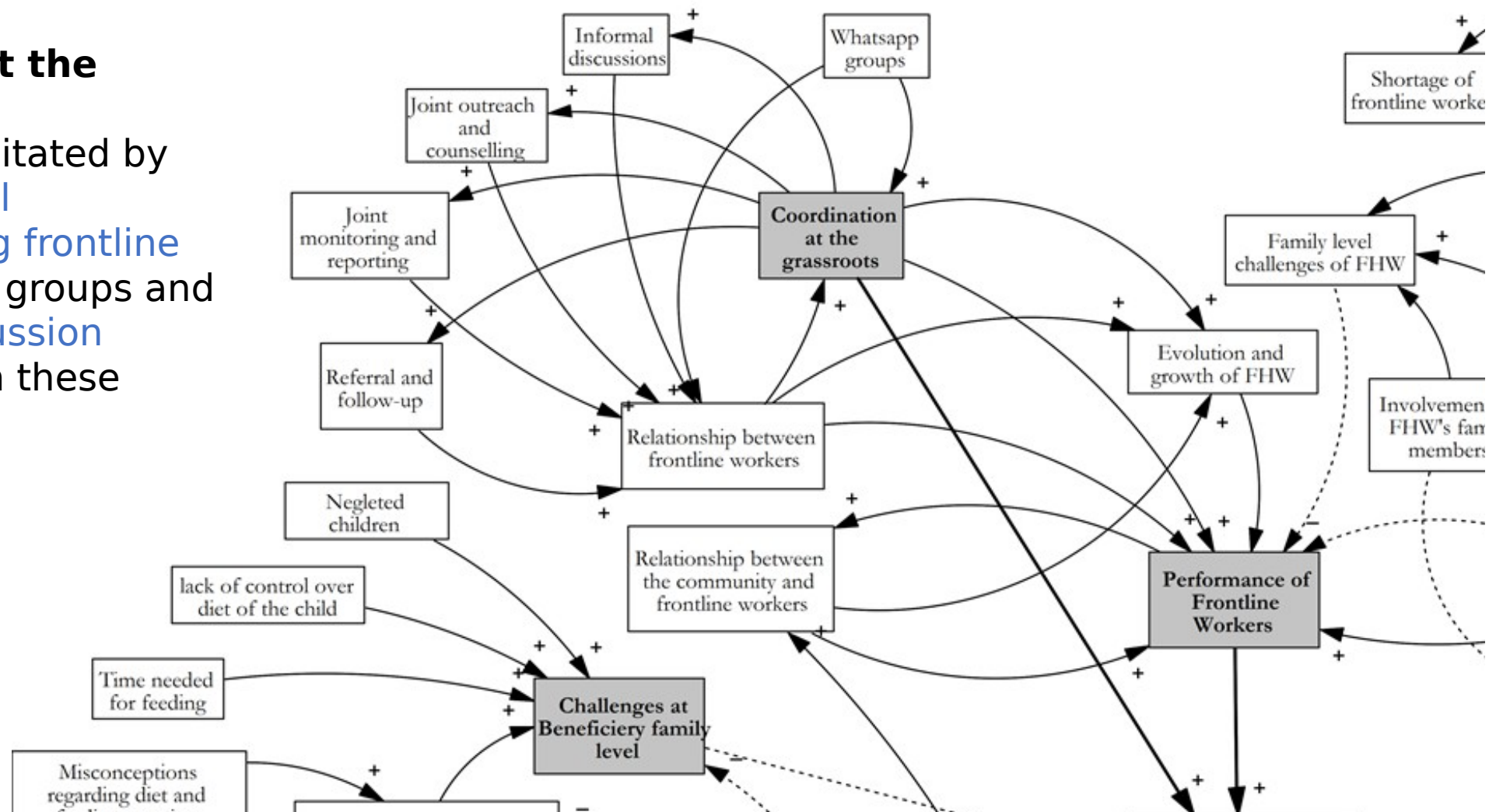
1. Coordination at the Grassroots
2. Performance of frontline workers
3. Challenges at the family level of the beneficiary
4. Awareness creation
5. Resistance from the community towards interventions
6. Challenges in day to day functioning of AWCs
7. Nutrition Surveillance and Monitoring
8. Community participation
9. Gaps in service delivery



Overarching themes

1. Coordination at the Grassroots

Coordination is facilitated by strong **interpersonal relationships among frontline workers**. WhatsApp groups and other **informal discussion avenues** strengthen these relationships.



Overarching themes

2. Performance of frontline workers

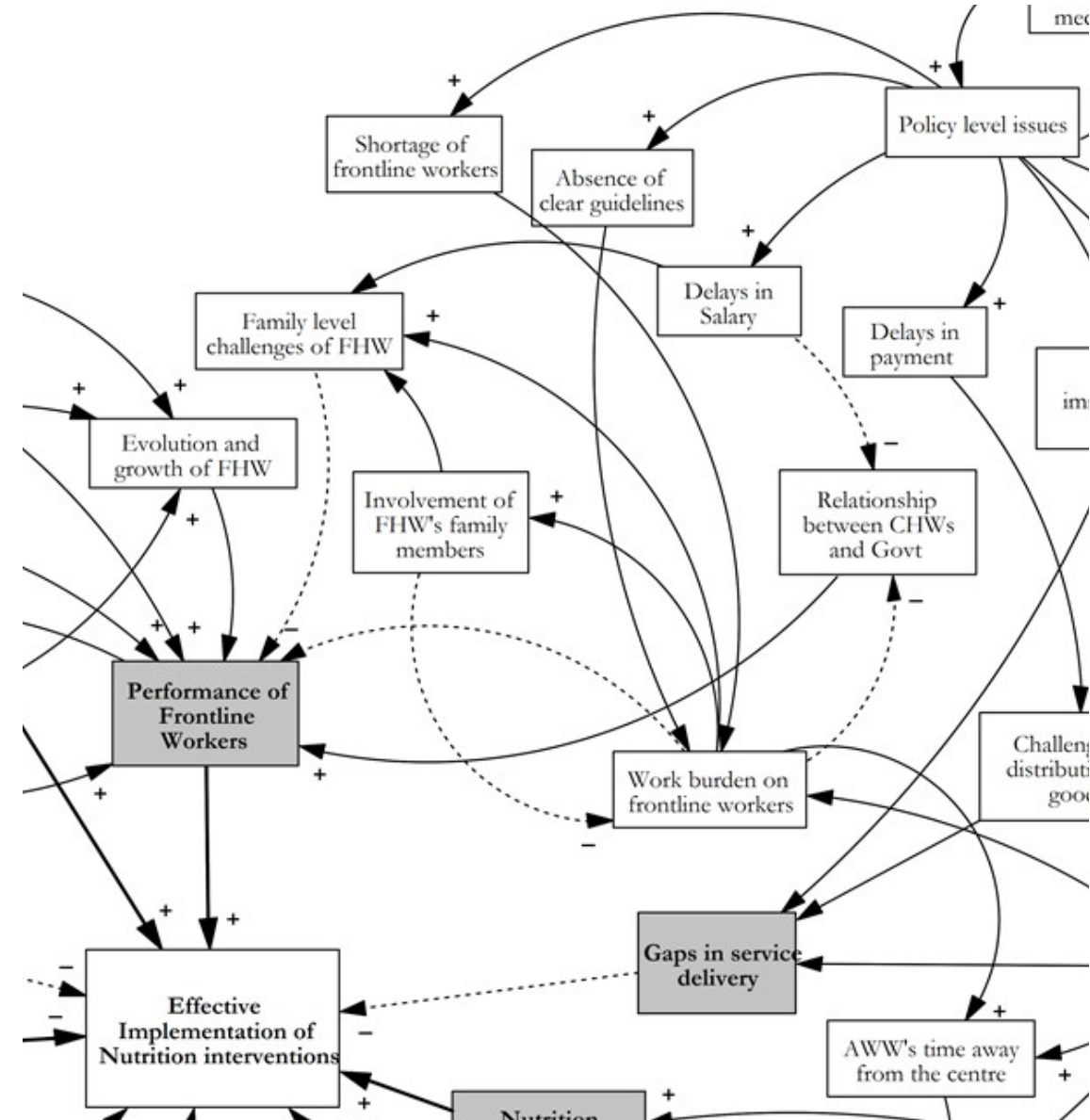
The quality of **interpersonal relationships** between the workers and the community, the relationships between frontline workers, coordination efforts at the community level, and the workers' relationship with department officials influence the workers' performance.

Delays in salary disbursement, **high work burden**, and **involvement of family members** of frontline workers in implementing interventions pose significant challenges at the family level.

Frontline workers are observed to be evolving with support from their peers and the community, and this evolution positively impacts their performance.

Policy-level issues such as a **shortage of frontline workers** and the **absence of clear guidelines** contribute to the work burden. These issues also deteriorate the interpersonal relationships between the stakeholders.

The **absence of a feedback mechanism** from

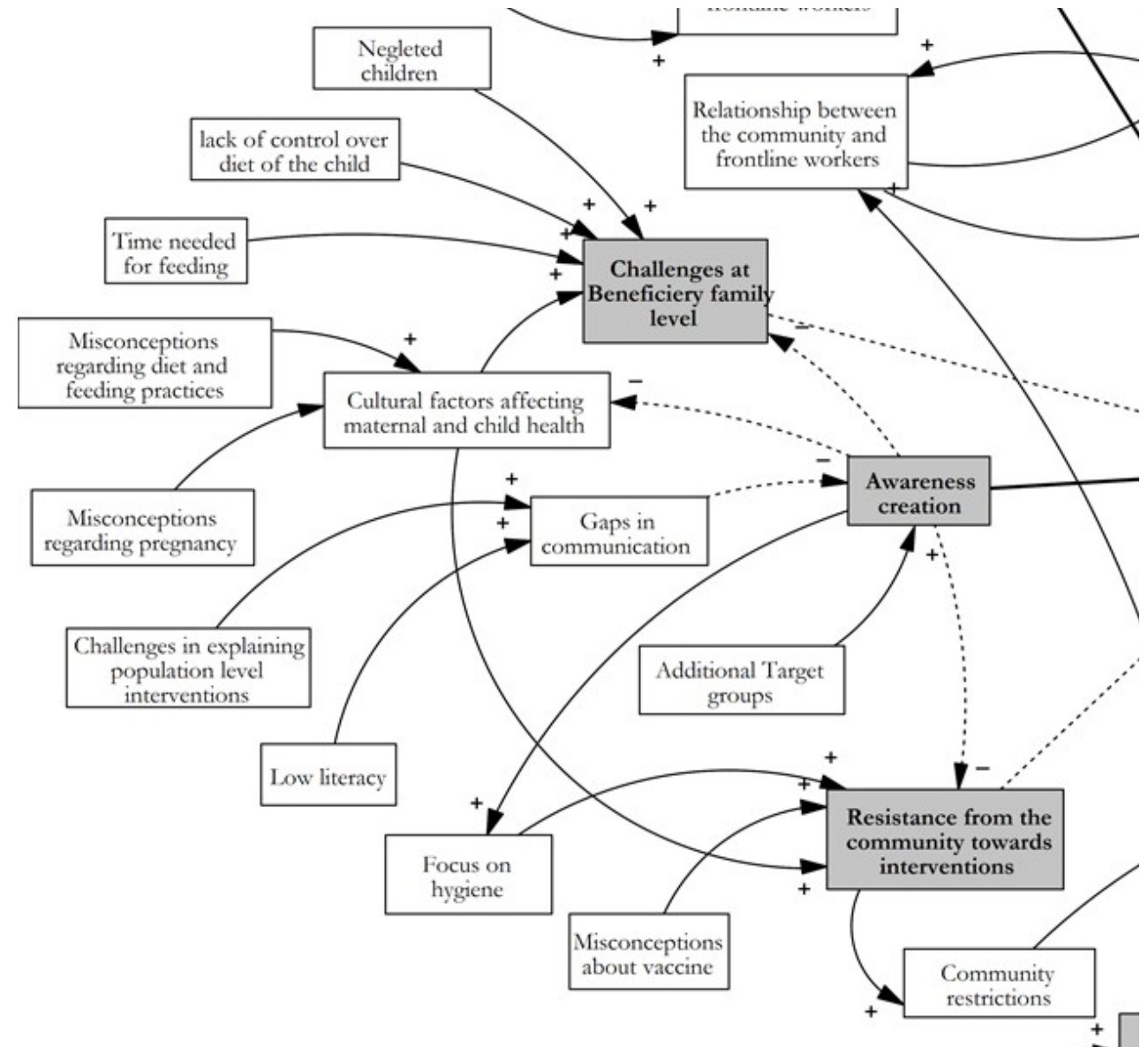


Overarching themes

3. Challenges at the family level of the beneficiary

Cultural factors, misconceptions, superstitions, and manifestations of poverty are some of the challenges faced in the implementation of nutrition interventions at the family level of beneficiaries

Parents lacking time to feed their children, parents without control over children's diets and feeding practices, and instances of parental neglect are other challenges. Misconceptions regarding diet, feeding practices, and pregnancy in the household also contribute to these challenges.



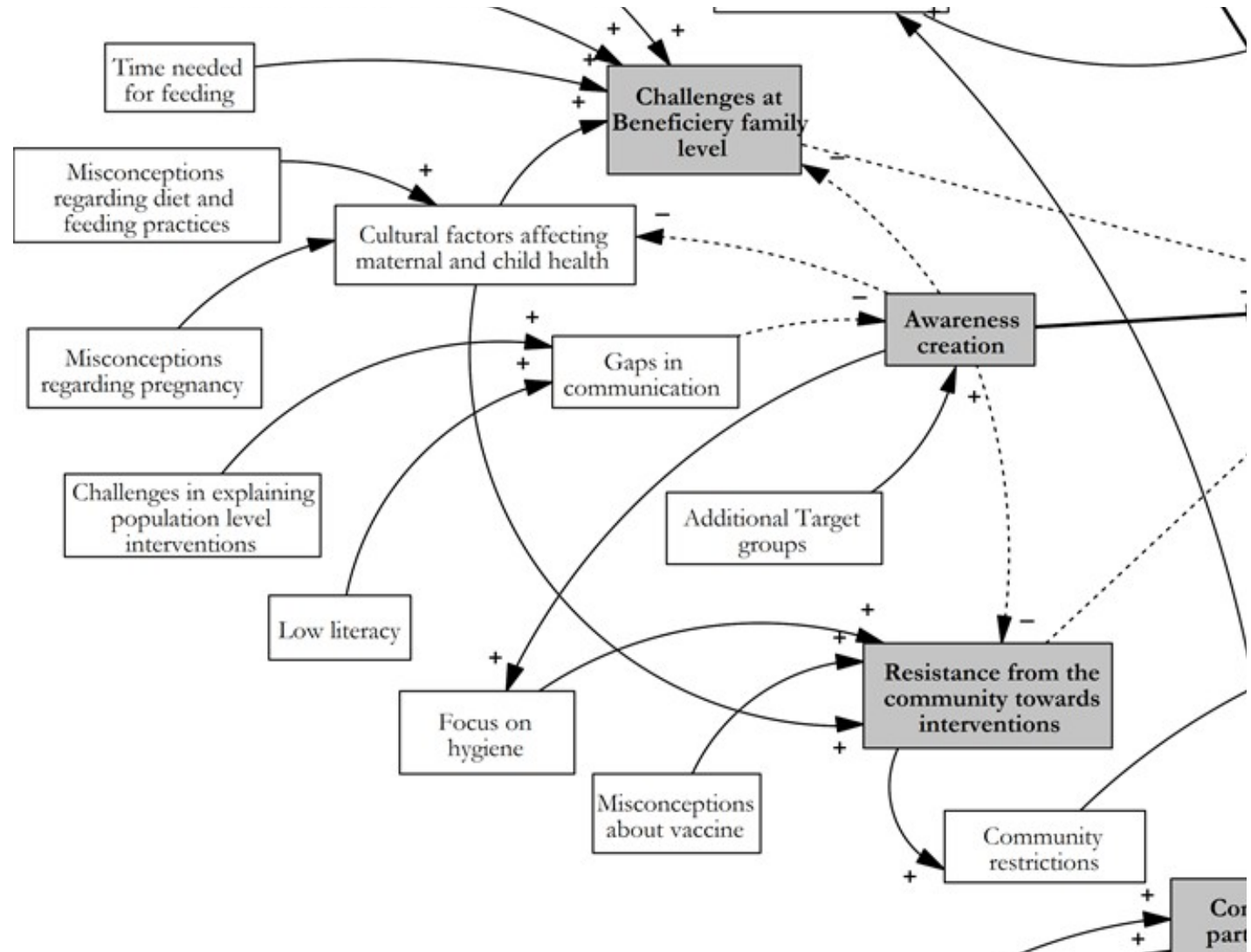
Overarching themes

4. Awareness creation

Awareness creation activities in various forms have effectively reduced these challenges at the family level, especially through **additional target groups consisting of spouses and in-laws of the mother**.

These interventions play a crucial role in **addressing resistance from the community towards interventions**, and **challenges at the family level of beneficiaries**.

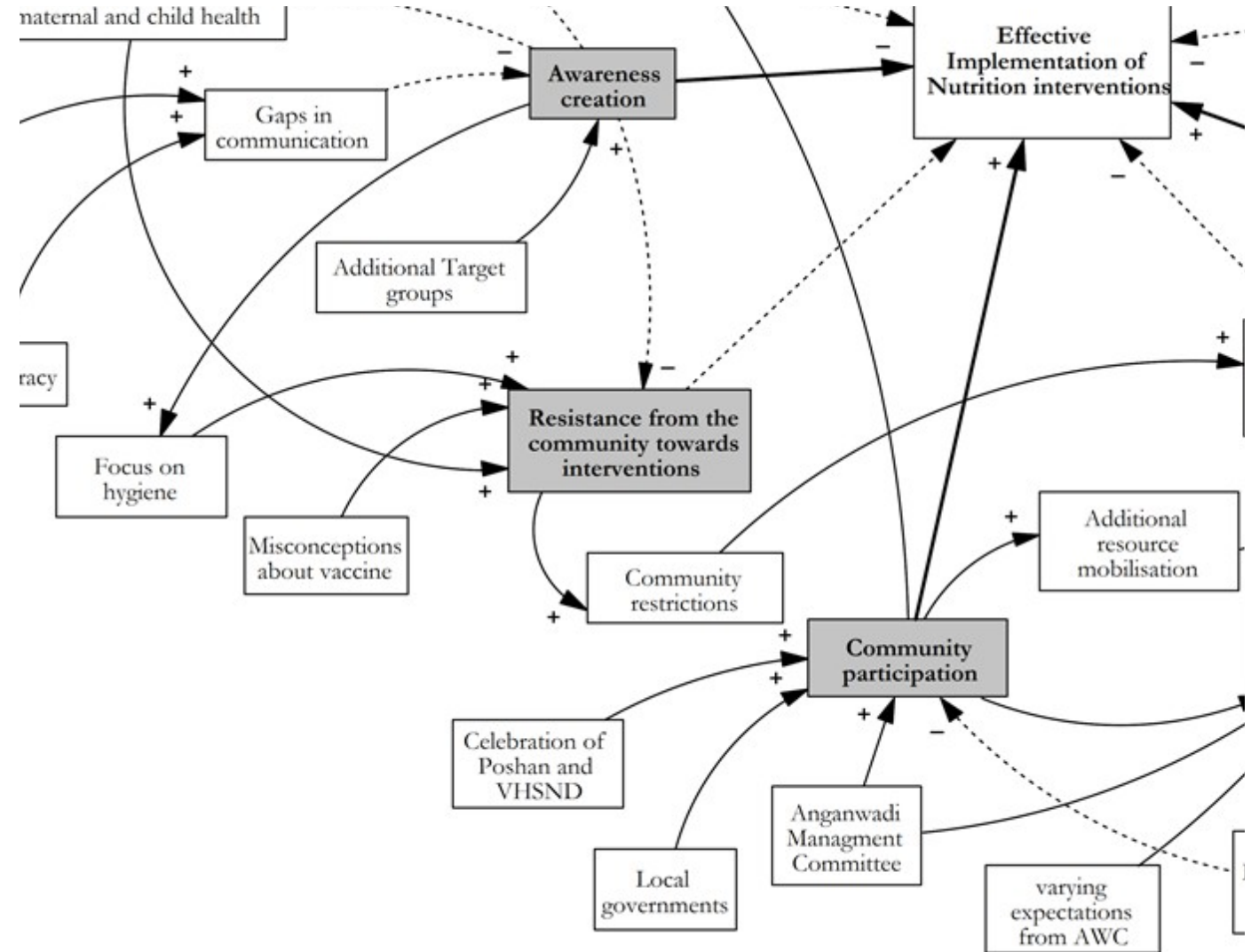
They are limited by **communication gaps** caused by low literacy rates in the region and **difficulties in explaining population-level interventions** to the beneficiaries.



Overarching themes

5. Resistance from the community towards interventions

Resistance from the community towards interventions poses a significant barrier to their implementation and effectiveness. Such resistance mainly stems from various **misconceptions**, particularly **misconceptions related to vaccines**. Moreover, a high **focus on personal hygiene** during awareness creation activities has also contributed to the resistance against interventions.

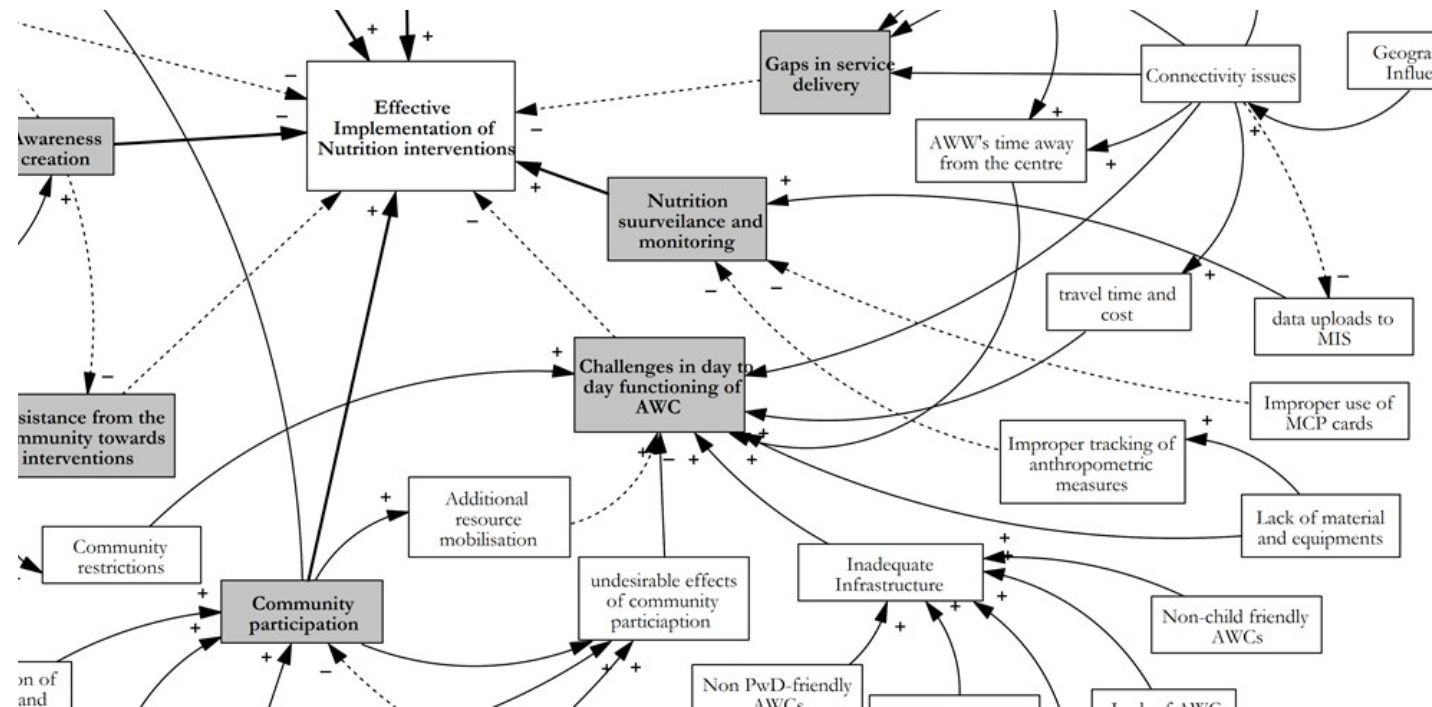


Overarching themes

6. Challenges in day to day functioning of AWCs

The day-to-day functioning of AWCs is fraught with numerous complex and interconnected challenges. These include connectivity issues worsened by seasonal floods and winds, high work burden and connectivity issues leading to the absence of AWWs from the AWC, lack of material and equipment, inadequate infrastructure, undesirable effects of community participation, and community restrictions.

Inadequate infrastructure of AWCs is characterised by a lack of buildings for the AWCs, delayed maintenance, inconsistent allocation of resources,



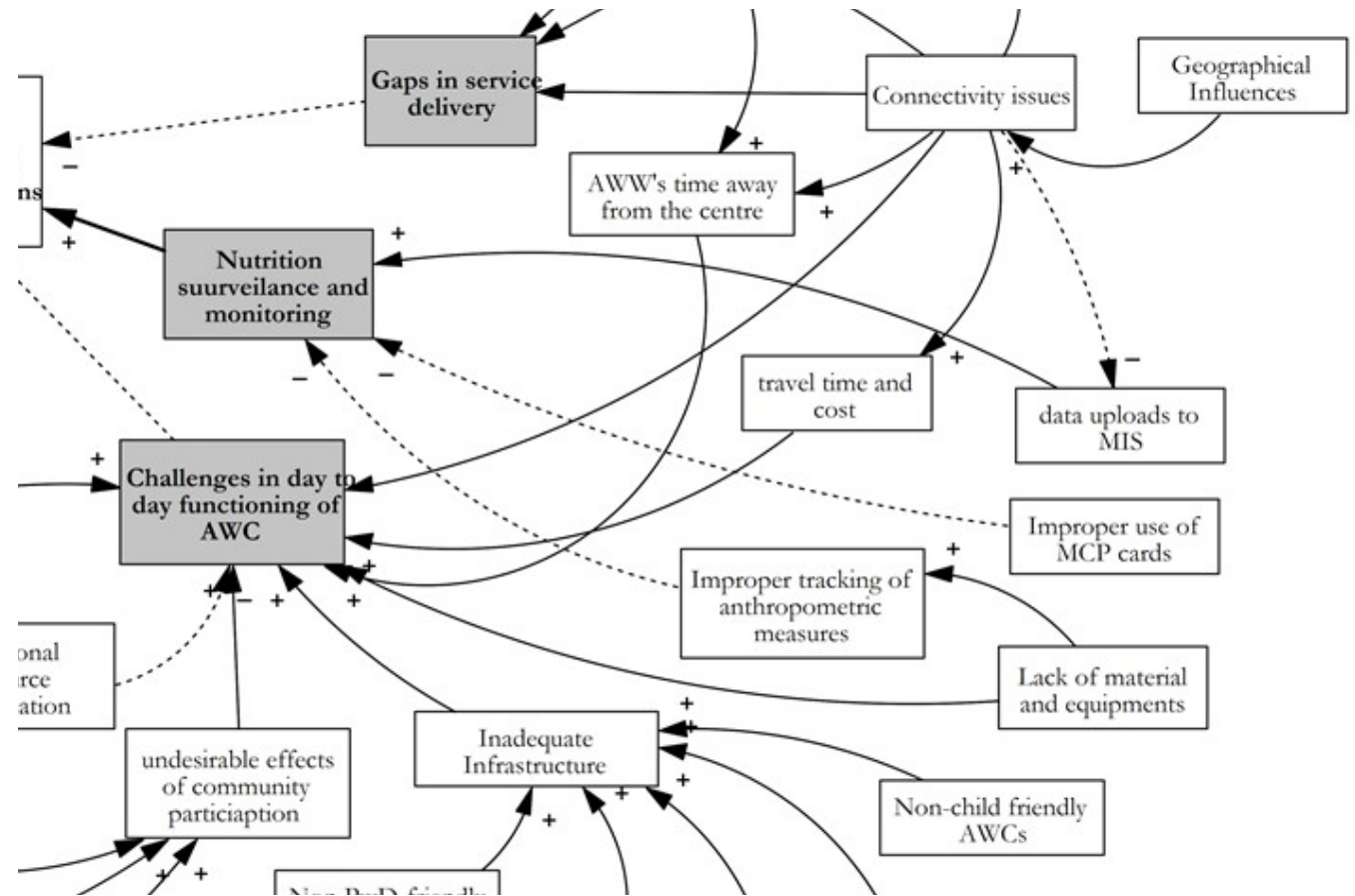
These issues have their root in policy-level problems.

Additional resource mobilisation through community participation and initiatives by health system actors have helped alleviate some of the challenges in the day-to-day functioning of AWCs.

Overarching themes

7. Nutrition Surveillance and Monitoring

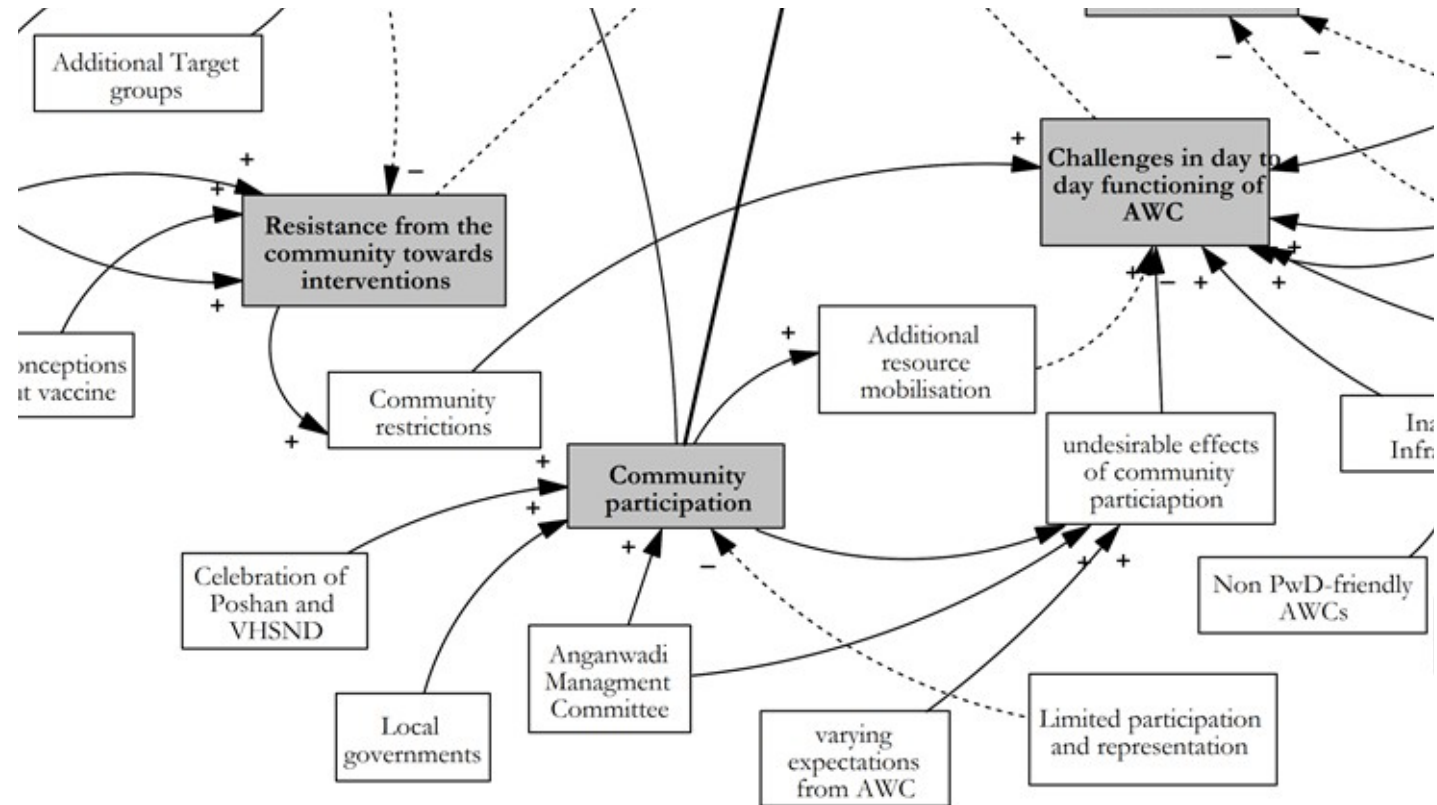
The lack of materials and equipment and improper use of MCP cards have resulted in inadequate tracking of anthropometric measures and overall nutrition surveillance and monitoring. While the use of technology, such as mobile phones, has helped improve the situation, it is limited by connectivity issues.



Overarching themes

8. Community participation

Community participation is a vital component of the effective implementation of evidence-based nutrition interventions, and it can occur through various channels such as Anganwadi Management Committees (AMCs), Panchayati Raj Institutions (PRIs), and Village Health Sanitation and Nutrition Days (VHSND) celebrations. However, this study found that **community participation through AMCs is limited and underrepresented**, which poses a challenge to the effectiveness of the interventions.



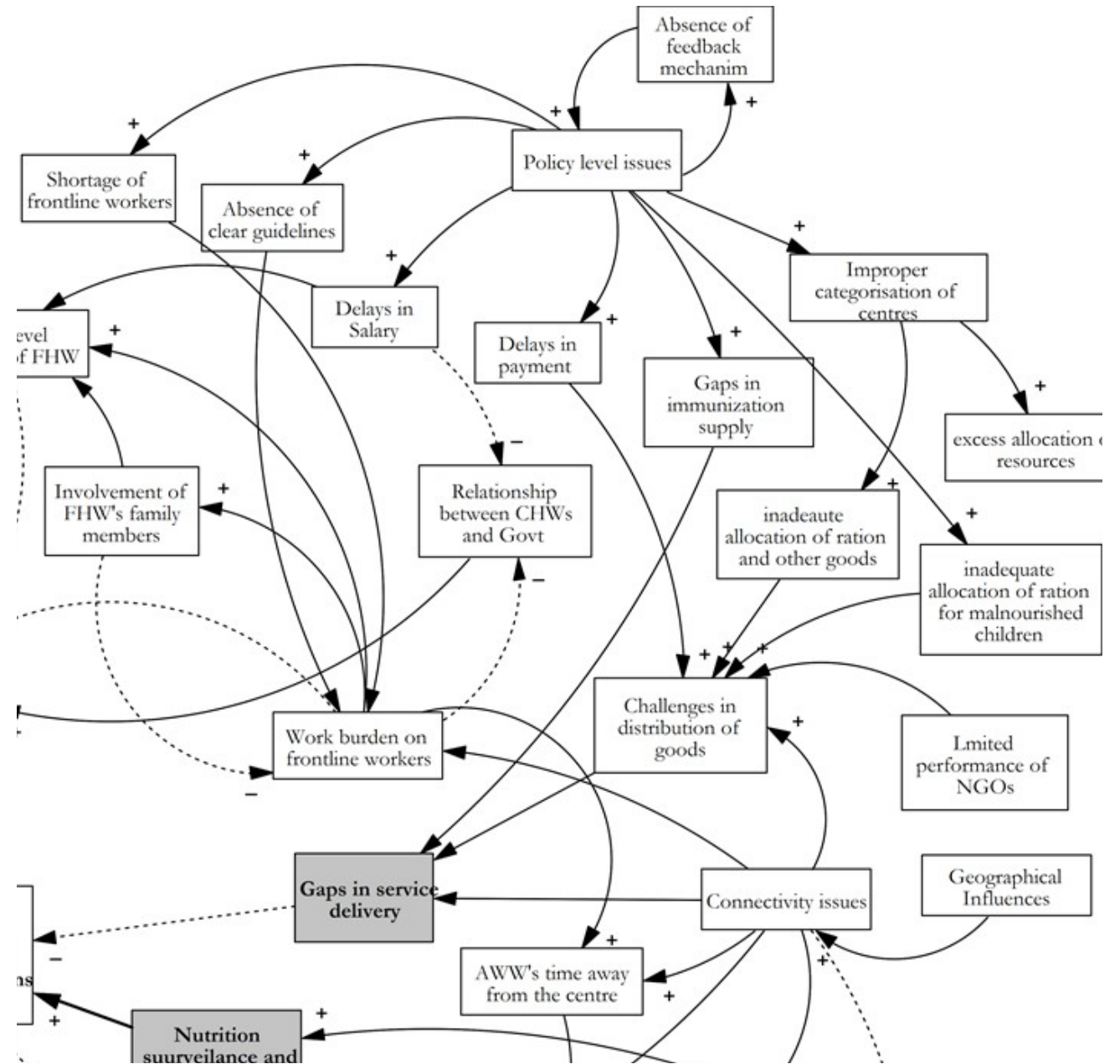
Overarching themes

9. Gaps in service delivery

Gaps in service delivery, particularly in immunization and distribution of ration and other goods, have been identified as significant challenges in evidence-based nutrition interventions.

Policy-level issues, including payment delays, gaps in vaccine supply chain, and inadequate ration allocation for malnourished children, often cause these gaps.

Improper categorization of AWCs as mini-AWCs or full AWCs, and inadequate allocation of resources based on this categorization, also contribute to the challenges.



Implications

1. The complex system of actors and relationships in nutrition interventions should be considered for better planning and implementation.
2. Strengthening interpersonal relationships and addressing frontline workers' challenges are crucial.
3. Community restrictions, Community resistance and misconceptions need to be addressed.
4. Nutrition surveillance and monitoring needs improvement considering the region-specific challenges.
5. Challenges at the grassroots such as inadequate infrastructure for the geographical context need to be addressed for effective implementation of the interventions.
6. Community participation through AMCs is weak and underrepresented. Interventions are needed to strengthen AMCs.
7. Gaps in service delivery, including immunisation and ration distribution, need to be addressed considering the locally felt needs.