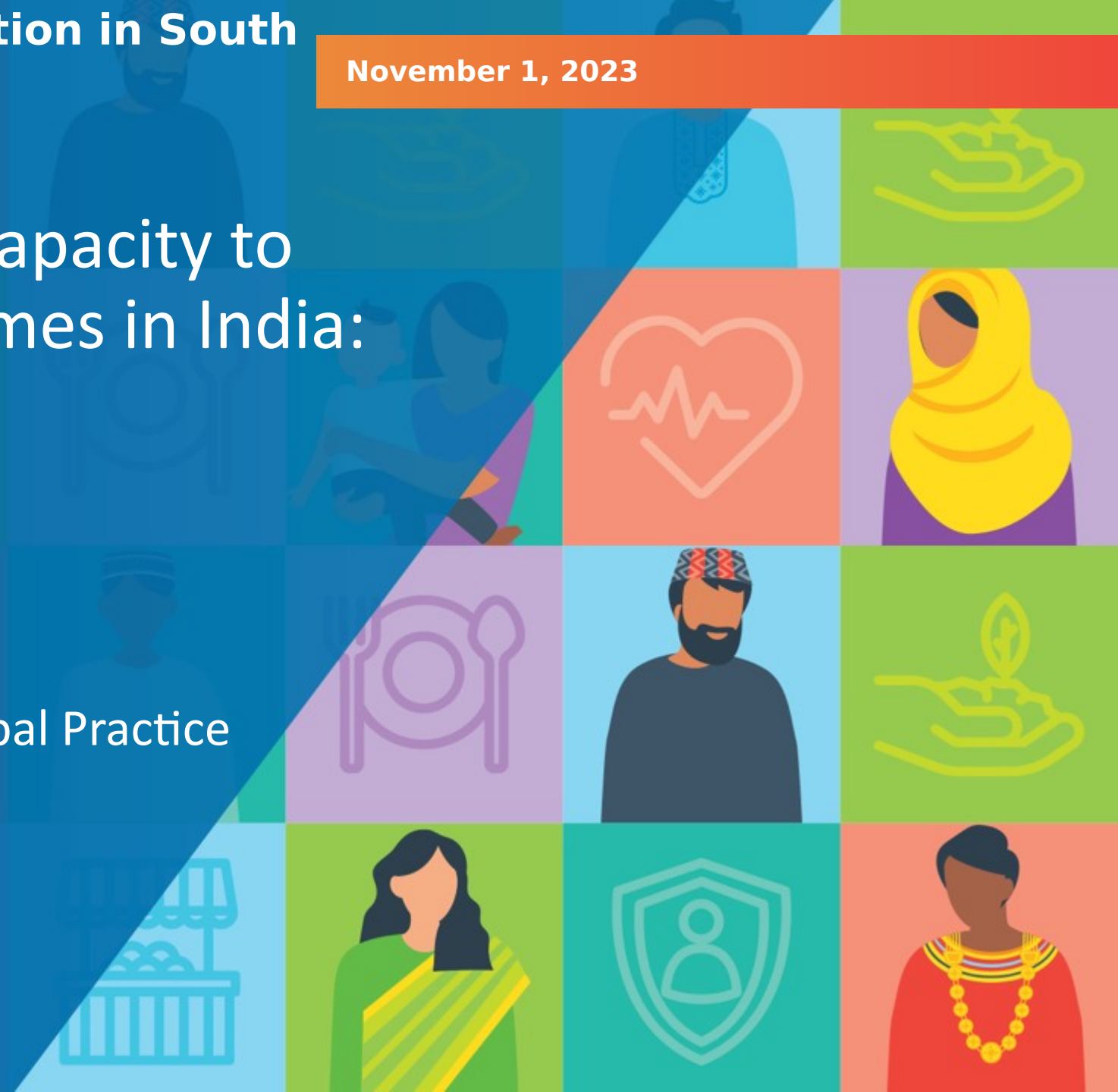


# Strengthening Systems Capacity to Achieve Nutrition Outcomes in India: Reaching the Last Mile

**Deepali Hariprasad, PhD**

Health, Nutrition & Population Global Practice  
The World Bank



# The Integrated Child Development Services (ICDS) scheme is one of the world's largest nutrition programs

A key aim is to promote the nutritional status of children aged 0-6 years and pregnant and lactating women

Unparalleled scale globally:

- 1.4 million community centers (Anganwadi Centers {AWCs})
- 80 million + beneficiaries

ICDS has evolved since its launch in 1975:

- Significant expansion of resources invested over time
- Shift from feeding-based program to a maternal and child nutrition program over the past decade



# Program Evolution

## 2012

ICDS Systems Strengthening and Nutrition Improvement Project (ISSNIP) launched – **\$ 106 Million**

162 districts across 8 high-burden states

2 Phased Approaches:

- First 3-year phase to support the testing of several innovative systemic changes
- Second phase to scale up after the achievement of key triggers

- Piloting several innovative approaches proved too ambitious
- Project made negligible progress

## 2015

ISSNIP Restructured – Focus on 1 central objective – to ensure a focus on the critical 1000 days for nutrition

3 key evidence-based approaches:

- Home visits & monthly CBEs to strengthen outreach and Interpersonal counseling
- Ongoing capacity building (ILA) to strengthen knowledge and skills of AWWs for MIYCN counselling
- Mobile based monitoring and service delivery tool (ICDS-CAS) to ensure key interventions get monitored and manage Results based financing

Proved effective in 2 years of implementation, with 87% disbursement by end 2017

## 2018

Successful interventions - scaled up in the form of POSHAN Abhiyaan – additional financing of **\$ 200 million**

315 districts across 37 States/ UTs

Additional focus areas to strengthen the program introduced:

- Capacity building of Anganwadi Workers (AWWs) on nutrition counselling
- Rigorous media campaign – *Jan Andolan*
- Mobile based MIS tool for robust monitoring and service delivery
- Performance Incentives to motivate workers for under 3 outreach
- Enhanced focus on convergence

Results indicate progress towards achievement

# India's National Nutrition Mission (POSHAN *Abhiyaan*)

- In March 2018, Ministry of Women and Child Development (MWCD), GoI launched the POSHAN *Abhiyaan* to reduce undernutrition, through a life-cycle and result-oriented approach.
- The evidence based approaches built on existing ICDS interventions to target equity and inclusion, for improved nutrition outcomes
- Key approaches for achieving nutrition impact during critical first 1000 days of life:

Mobile based  
ICT MIS

Capacity  
building of  
workers

SBCC &  
Community  
mobilization

Performance  
based  
incentives

Convergence  
with other  
sectors

- 11 Priority States: Andhra Pradesh, Bihar, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Rajasthan, Tamil Nadu and Uttar Pradesh.

# Package of Nutrition Services

- Maternal, Infant and Young Child Nutrition Counselling
  - Maternal nutrition:
    - Maternal diet diversity
    - FA and calcium supplementation
  - Infant and Young Child Nutrition:
    - Early and exclusive breastfeeding
    - Timely & appropriate complementary feeding
    - Iron and Vitamin A supplementation
- Growth Monitoring and Promotion
- Supplementary Nutrition and Take-Home Rations
- Immunization through fixed day every month at the AWC
- Early Childhood Education for children 3-6 years of age



# Use of Mobile Technology for Strengthening Service Delivery and Monitoring Nutrition Services

- Fully developed, owned and managed by the Government of India
- Comprise of: a) AWW application; b) Dashboard for ICDS officials at block/district/state/national levels
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Application used by more than 1.35 million (~98%) Anganwadi Workers across the country, making it the largest mobile technology deployment in a public health program in the world!



# Incremental Learning Approach (ILA): A transformational approach to build capacities and skills

- ILA a departure from the traditional style of training
- Standardized the processes and messaging for all direct and indirect beneficiaries → quality services
  - Small capsules of knowledge, easy to understand and assimilate [short thematic modules]
  - Monthly sessions following learning-by-doing approach
  - Use of government structures and platforms
  - Face-to-face sessions complemented by: e-learning platform (e-ILA) AND job-aids for AWWs (AWW takeaways)



# Social Behaviour Change Communication (SBCC) and Community Mobilization for Improved Nutrition Outcomes

- SBCC strategy called *Jan Andolan* (People's movement) developed by MWCD aimed at improving nutrition through convergent actions
- Mass, mid-media and Interpersonal Communication content with focus on 5 key messages on MIYCN
- Implementation of SBCC strategy through:
  - Monthly **Community Based Events** to celebrate critical milestones in life of pregnant women and children <2 years
  - Priority **Home Visits** during first 1000 days to facilitate counseling, problem-solving, and demand for services
  - Annual high visibility campaigns **POSHAN Maah and POSHAN Pakhwara** (Nutrition Month and Fortnight)



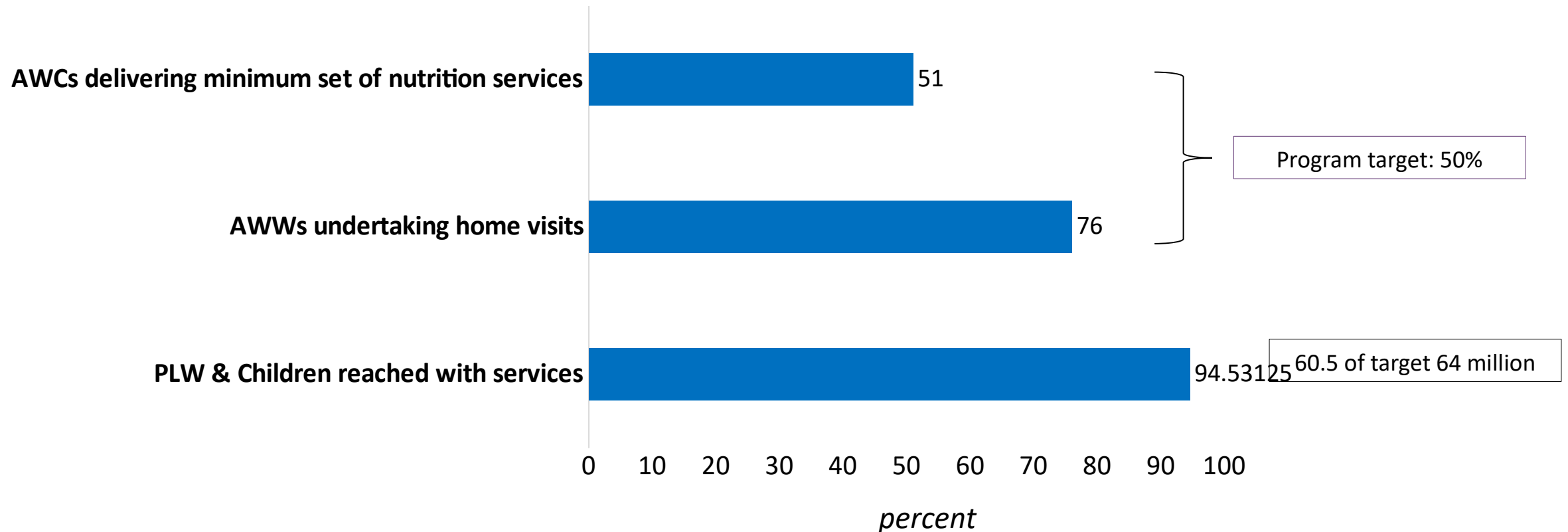


# Monitoring and Evaluation

- Fairly strong monitoring and evaluation component.
- A fully Government driven program MIS
- Four program monitoring reports by the NITI Aayog, Government of India
- Independent Phone Survey undertaken in March-April 2021 as part of the Mid-Term review
- Release of NFHS-5 data: allowed comparisons between rounds and across states

# What did the Program Deliver?

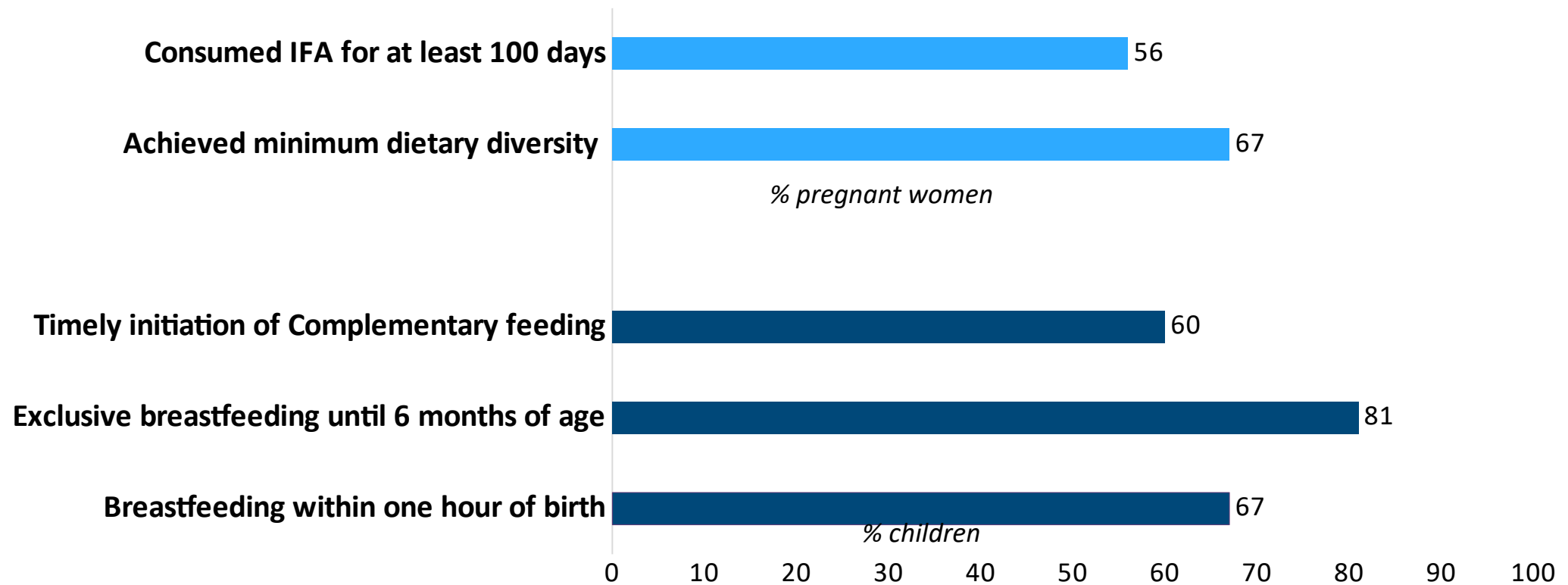
Source: POSHAN *Abhiyaan* program MIS



# What did the Program Deliver?

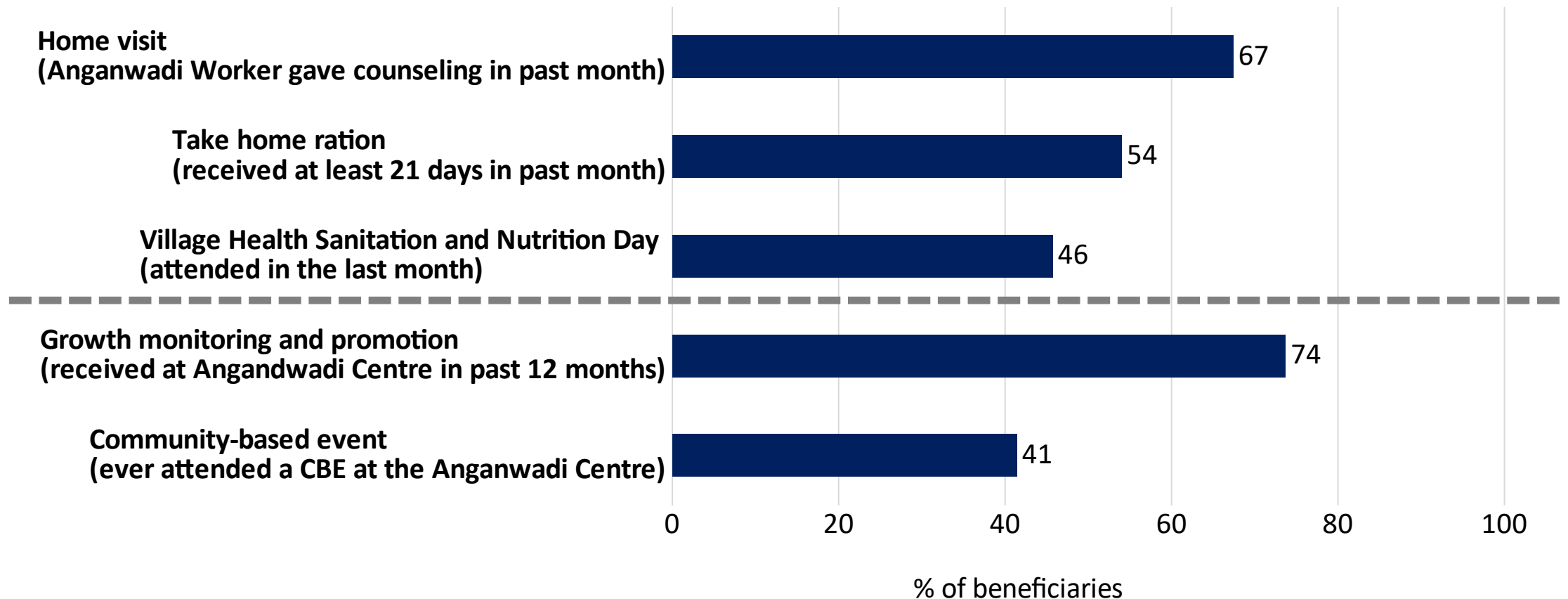
**POSHAN Knowledge & Behaviour Phone Survey: March-April 2021**

Most nutrition behaviors practiced by 56-67 percent of women/ children



# Despite the COVID-19 pandemic, a large fraction of beneficiaries continued to receive key ICDS services

## Key ICDS services



## Changes in Key Nutrition Indicators in Priority States

Significant improvements in 11 priority states between NFHS-4 (2015-16) and NFHS-5 (2019-21) on:

- Child stunting and wasting
- Nutritional status of women
- Exclusive breastfeeding
- Minimum dietary diversity in children 6 to 23 months

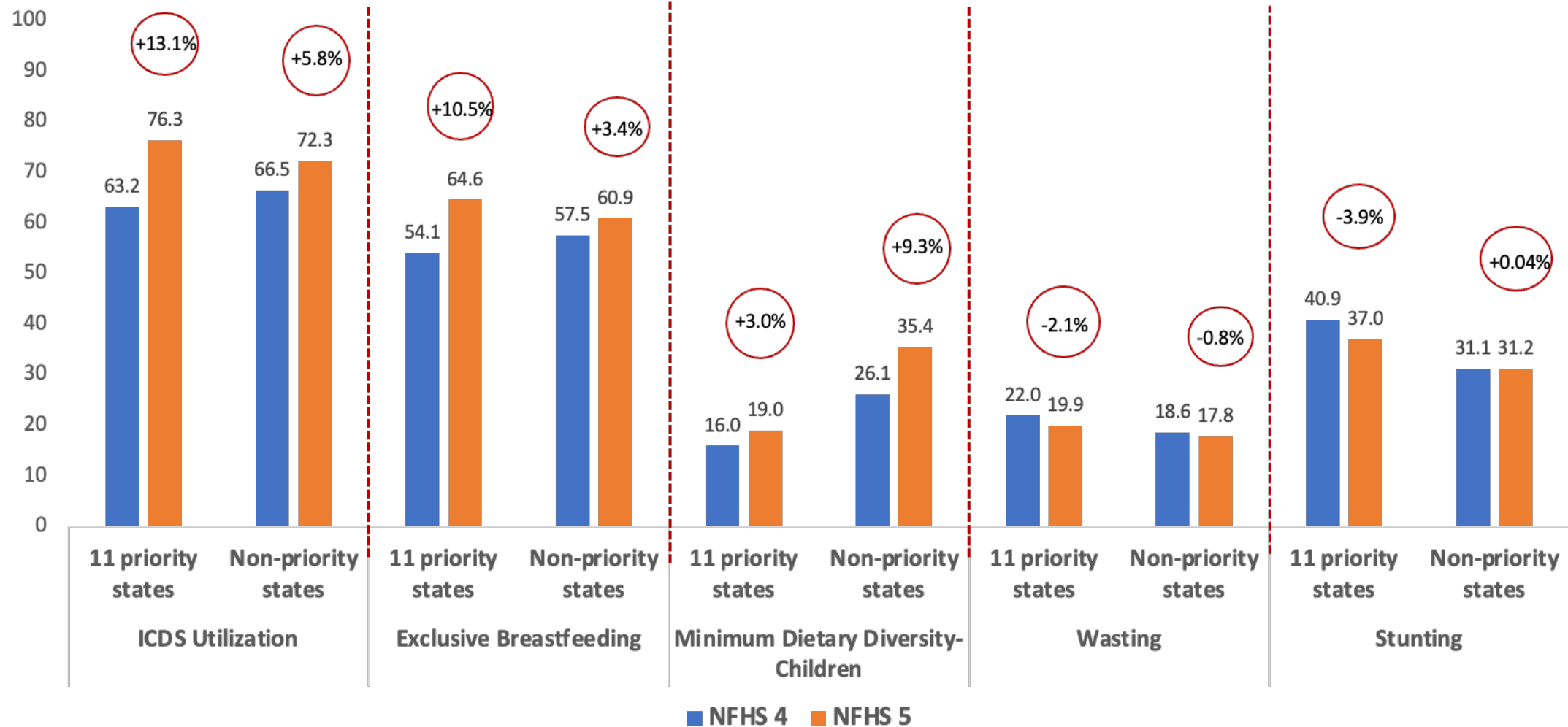
## Changes in Key Nutrition Indicators in Priority States - 1

	Stunting in children < 5 years			Wasting in children < 5 years			Women's Undernutrition (15 to 49 years)		
	NFHS-4	NFHS-5	P-value	NFHS-4	NFHS-5	P-value	NFHS-4	NFHS-5	P-value
<b>Andhra Pradesh</b>	31.4	31.2	0.864	17.2	16.1	0.317	17.6	14.8	0.000
<b>Bihar</b>	48	42.9	0.000	20.8	22.9	0.000	30.4	25.6	0.000
<b>Chhattisgarh</b>	37.6	34.6	0.001	23.1	18.9	0.000	26.7	23.1	0.000
<b>Gujarat</b>	38.5	39.0	0.572	26.4	25.1	0.132	27.2	25.2	0.000
<b>Jharkhand</b>	45.3	39.6	0.000	29.0	22.4	0.000	31.5	26.2	0.000
<b>Karnataka</b>	36.2	35.4	0.505	26.1	19.5	0.000	20.7	17.2	0.000
<b>Madhya Pradesh</b>	42.0	35.7	0.000	25.8	19.0	0.000	28.4	23.0	0.000
<b>Maharashtra</b>	34.4	35.2	0.445	25.6	25.6	0.963	23.5	20.8	0.000
<b>Rajasthan</b>	39.1	31.8	0.000	23.0	16.8	0.000	27.0	19.6	0.000
<b>Uttar Pradesh</b>	46.3	39.7	0.000	17.9	17.3	0.088	25.3	19	0.000
<b>Tamil Nadu</b>	27.1	25.0	0.023	19.7	14.6	0.000	14.6	12.6	0.000
<b>Avg. 11 states</b>	<b>40.9</b>	<b>37.0</b>	<b>0.000</b>	<b>22.0</b>	<b>19.9</b>	<b>0.000</b>	<b>24.5</b>	<b>20.3</b>	<b>0.000</b>
	<b>- Significant Reduction: 7/11 states</b>			<b>- Significant Reduction: 7/11 states</b>			<b>- Significant Reduction: 11/11 states</b>		

## Changes in Key Nutrition Indicators in Priority States - 2

	GMP Coverage			Exclusive Breastfeeding in infants less than 6 months			Timely initiation of Complementary Feeding			Minimum Dietary Diversity among Children 6 to 23 months		
	NFHS-4	NFHS-5	P-value	NFHS-4	NFHS-5	P-value	NFHS-4	NFHS-5	P-value	NFHS-4	NFHS-5	P-value
<b>Andhra Pradesh</b>	72.7	84.4	0.000	70.2	68	0.603	56	51	Insignificant	20	20	No change
<b>Bihar</b>	50.0	63.7	0.000	53.4	59	0.003	31	39	Significant	17	19	Significant
<b>Chhattisgarh</b>	72.9	84.8	0.000	77.2	80	0.174	54	41	Significant	18	20	Significant
<b>Gujarat</b>	71.2	81.7	0.000	55.8	65	0.004	49	42	Significant	12	16	Significant
<b>Jharkhand</b>	60.8	71.2	0.000	64.8	76	0.000	47	39	Significant	14	22	Significant
<b>Karnataka</b>	63.3	81.3	0.000	54.2	61	0.046	46	46	No change	19	31	Significant
<b>Madhya Pradesh</b>	61.7	83.4	0.000	58.2	74	0.000	38	40	Insignificant	14	19	Significant
<b>Maharashtra</b>	58.4	63.5	0.000	56.6	71	0.000	43	53	Significant	20	18	Insignificant
<b>Rajasthan</b>	60.3	66.9	0.000	58.2	70	0.000	30	38	Significant	8	15	Significant
<b>Uttar Pradesh</b>	48.8	76.8	0.000	41.6	60	0.000	33	31	Insignificant	9	14	Significant
<b>Tamil Nadu</b>	82.6	90.0	0.000	48.3	55	0.063	68	67	Insignificant	53	29	Significant
<b>Avg. 11 states</b>	<b>63.2</b>	<b>76.3</b>	<b>0.000</b>	<b>54.1</b>	<b>65</b>	<b>0.000</b>	<b>40</b>	<b>42</b>	<b>Insignificant</b>	<b>16</b>	<b>19</b>	<b>Significant</b>
- Significant improvement: 11/11 states			- Significant improvement: 8/11 states			- Significant improvement: 3/11 states - Significant reduction: 3/11			- Significant Improvement: 8/11 states			

# Comparison of Key Indicators: Priority and Non-priority States





# Program Transformations

- *Transformation 1:* Shift focus from older children (3 to 6 years) to younger children (0-3 years).
- *Transformation 2:* Use of mobile technology to improve service delivery, to help AWWs prioritize, review their work, and take corrective action.
- *Transformation 3:* Launch of a people's nutrition behavior change movement including community-based events and priority home visits
- *Transformation 4:* Building capacity of AWWs and supervisory cadre through easy to assimilate, incremental modules
- *Transformation 5:* Performance based incentives for AWWs for undertaking critical tasks of priority home visits and growth monitoring

# Moving Forward

- POSHAN 2.0 integrates three existing schemes: Anganwadi services (erstwhile ICDS), National Nutrition Mission and Scheme for Adolescent Girls.
- Urgency to preserve and enhance the gains made under POSHAN *Abhiyaan* in a more structured way
- Need to address/ mainstream:
  - Unfinished undernutrition agenda: stunting, wasting and anemia
  - Inadequate attention to maternal nutrition
  - Adolescent girls' agenda to break the intergenerational cycle of malnutrition
  - Increasing incidence of non-communicable diseases

**Thank You!**