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Delivering for Nutrition in South Asia

Equity and Inclusion

Social Protection for Catalising Maternal and Child Nutrition – Learnings from Rajasthan, India

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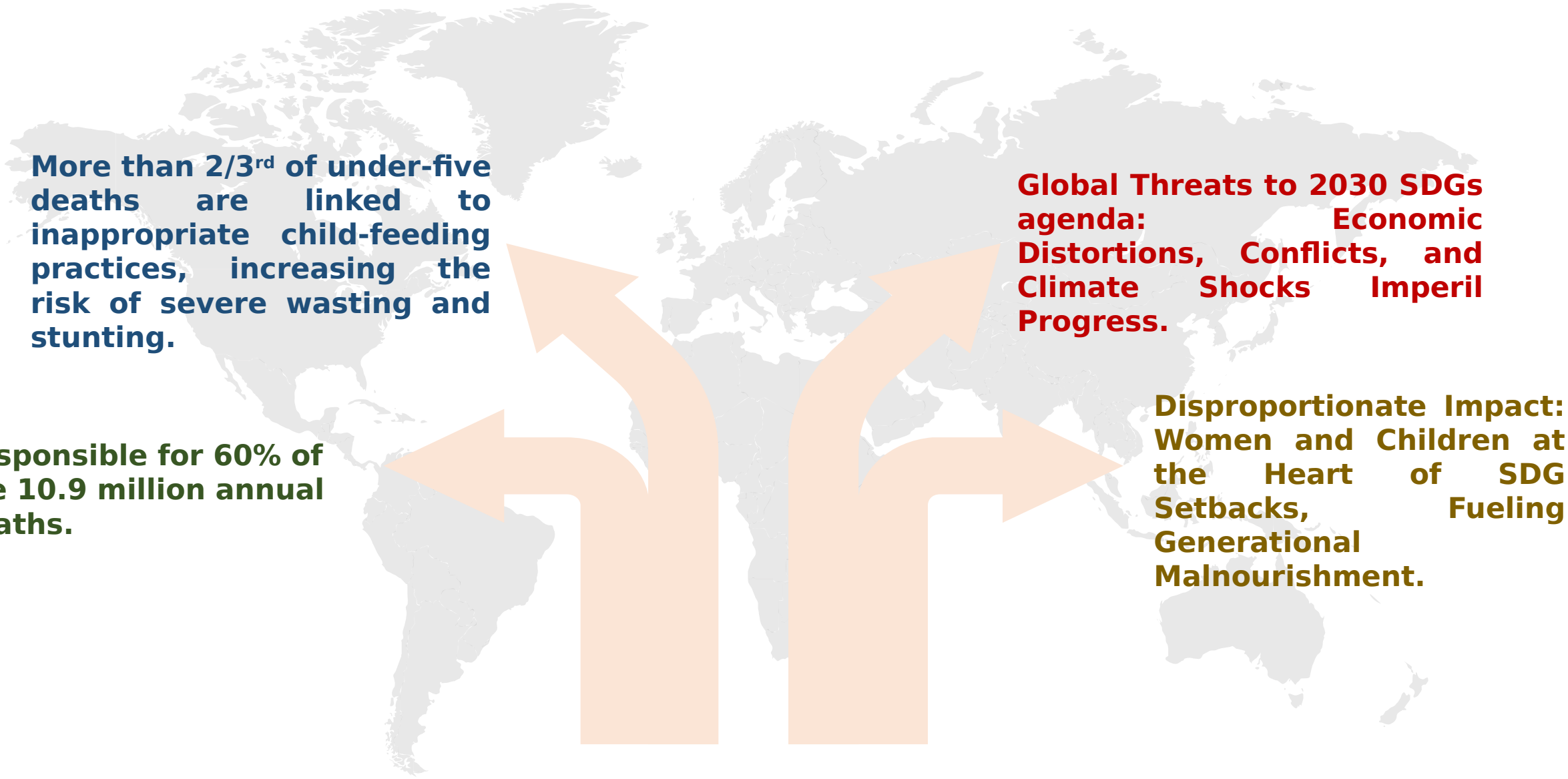
Malnutrition is a leading cause of under-five child mortality.



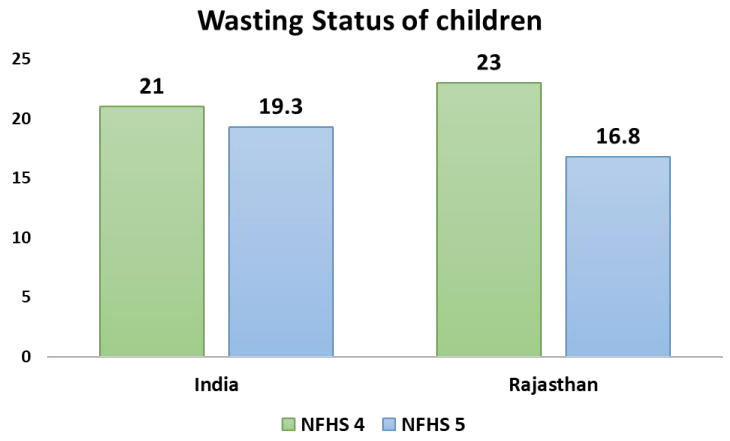
More than 2/3rd of under-five deaths are linked to inappropriate child-feeding practices, increasing the risk of severe wasting and stunting.

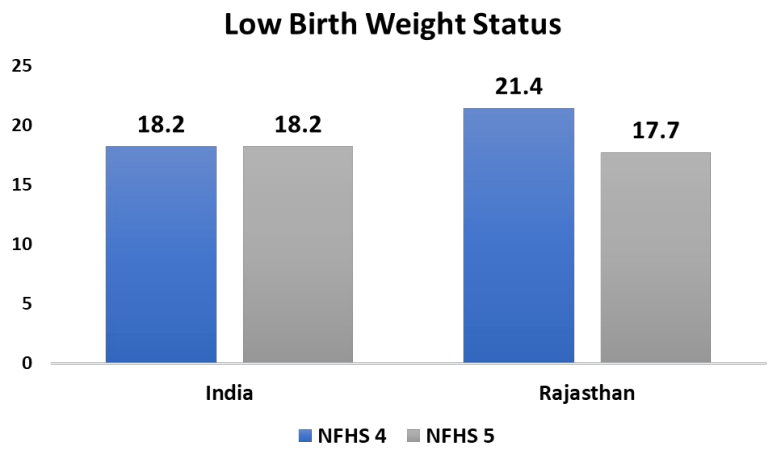
Responsible for 60% of the 10.9 million annual deaths.

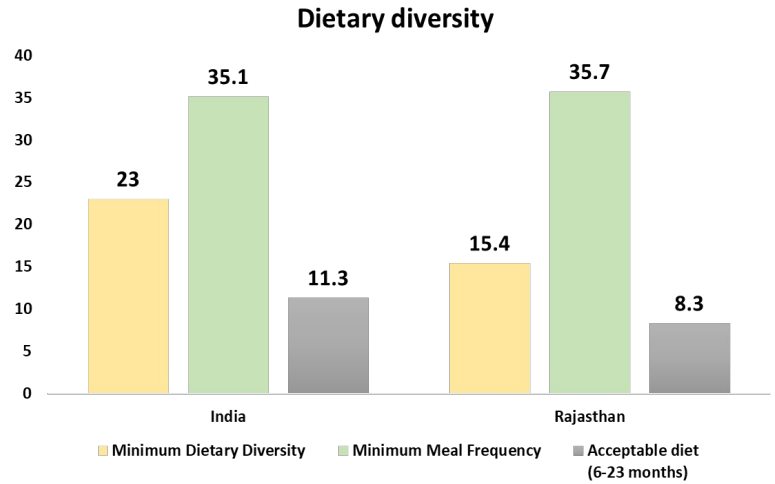
Global Threats to 2030 SDGs agenda: Economic Distortions, Conflicts, and Climate Shocks Imperil Progress.

Disproportionate Impact: Women and Children at the Heart of SDG Setbacks, Fueling Generational Malnourishment.

Rajasthan underperforms on several maternal and child health indicators







- Child wasting is one of the key reasons of child mortality
- As per NFHS-5 (2019-21), neo-natal mortality (0-28 days) is 24.9%, and infant mortality (below one year) is 35.2%.
- Rajasthan, one of the EAG (Empowered Action Group) states of India, is crippled with high neonatal and infant mortality.

- The national average of low birth weight has remained static between NFHS-4 and NFHS 5.
- Even though Rajasthan state has shown progress with a **4-point percentage decline over the years**, still it **contributes significantly to the child's poor nutrition status.**

- The percentage of maintaining minimum dietary diversity amongst children is extremely poor.
- **Rajasthan state's average of Acceptable diet (8.3%) is below the national average of 11.3%.**
- NFHS 5 shows variation across districts and socio-economic groups

Income poverty and regressive social & gender norms drive poor maternal and child nutrition in Rajasthan

Formative studies led the solution design for improving women's nutrition and reducing LBW and Wasting.

Decision-making and Agency of women

- Husbands are the primary financial managers, exerting significant influence in single and joint family settings.
- Lack of purchasing power to invest in women's diets during pregnancy
- Women eat last and the least
- Women's participation in significant household asset acquisitions is minimal.
- In joint family dynamics, multiple influencers impact women's decision-making; husbands and mothers-in-law play dominant roles.

Social and cultural perspective

- Regional culture, family customs, and systems influence dietary choices
- Pregnant and lactating women often prioritize the well-being of others over their desires, resulting in limited agency in decision-making
- Relatively unchanged dietary patterns during pregnancy
- Dietary decisions, in most cases, are made on the traditional understanding of the mother in laws during pregnancy and after childbirth

Well delivered Social Protection programs could be a gamechanger in tackling undernutrition in India

Evidence suggests

- **Well-structured and effective delivery mechanisms for social protection programs** can significantly impact positive nutrition outcomes.
- The use of **cash transfers** in social protection programs can improve maternal and child nutrition, including by reducing the socioeconomic barriers to accessing nutritious diets.
- Social protection programs that use **evidence-based food and nutrition policies, essential nutrition services, and timely and quality nutrition information, counseling and support,** can lead to improved nutrition practices and can facilitate access to essential nutrition services for children and women.

India implements several social protection programs, some focus on women and children

- **Supplementary Nutrition Program** is one of the major social protection programs targeting maternal and child nutrition
- The introduction of the Maternity Benefit Program, **Pradhan Mantri Matru Vandana Yojana (PMMVY)** has the potential to advance food security among pregnant women and their children.
  - PMMVY is designed to prioritize gender-sensitive implementation, especially as a nutrition-sensitive social protection program.
  - Also, has the potential to empower women with financial resources for nutrition promoting economic inclusion and enhancing their decision-making autonomy

However, PMMVY has few operational challenges

- **Onus on beneficiaries** to access benefits
- The scheme **initially covered only first-time pregnant** – benefitting about 30% of the universe in Rajasthan.
- With the **expansion of benefits to second-time pregnant women** delivering a gild child, the benefit is provided after the pregnancy outcome is known and misses out on benefitting women during pregnancy.
- **Inadequate awareness about program benefits** among eligible beneficiaries
- **Challenges in reaching remote and marginalized populations**, such as tribals
- **Inadequate monitoring mechanism** for tracking changes in nutrition and seeking behaviors and health and nutrition outcomes

IPE Global technically assisted the Rajasthan Government in complementing PMMVY through design of a state program on maternal and child nutrition

Features of the state program - IGMPY

- **Universally benefits second-time** pregnant women and their children through cash (Rs. 6000) and behaviour change interventions.
- Alongside PMMVY **benefits nearly 75%** of the pregnant and lactating mothers
- **Commitment to fully fund by the Government of Rajasthan.** Annual allocations and separate bank accounts to host scheme budgets. A marvel of innovative financing – own revenues, mineral royalties. Mines funding WCD program.
- **Onus on the state to deliver** and **eligible women to fulfill conditionalities**. State of art integrated IT platform for cash transfers that is fully paperless and auto-enrolls eligible women.
- **Digital weighing machines in all high-burden facilities** to accurately record birth weight data

Now IPE Global works with the Rajasthan Government to implement Cash Plus interventions in five tribal districts to accelerate reductions in LBW and Wasting

Cash Plus technical support by IPE Global involves

- **Achieving operational efficiency in PMMVY and IGMPY:** Benefit large numbers of eligible women through two cash transfer programs.
- **Operationalising 360-degree SBC interventions:** IPC, Mid, Mass, and Digital combo via government structures
- **Integrating robust monitoring and evaluation systems:** A (evidence-guided) theory of change-based MEL plan. Mix of continuous, concurrent, and longitudinal plans.
- **Engrained Sustainability:** Technical Assistance has an embedded beyond project continuity mechanisms. These include – capacitating government structures at all levels, new role integration on existing staff, fully financed by the state, and part financing from federal government's assistance.

Empowering Rajasthan: Cash Plus Initiatives Transforming Women and Communities

Reduction in low birth weight and wasting.

Through

The power to choose.

Awareness to choose well.

Mothers and children consume more and better food, feeding directly into National Government's nutrition program

Cash transfers to mothers during pregnancy and lactation to ensure more resources at the household for it to invest in maternal and child right nutrition.

360-degree social behaviour change communication strategy informed by rigorous formative research to develop a conducive

Context-specific formative studies have shaped an equitable SBC intervention design

Tackled these barriers….

Pregnancy is considered as a normal episode; with no special status or care for women during the period

Meal patterns are fixed to two in a day with Mothers-in-law as the prime decision maker.

Women eat last and least, their health is not a priority. Social and cultural myths and taboos inhibit maternal and child-feeding practices

Overcompensation by young mothers tend to break exclusivity of breastfeeding

Adult Mental models for feeding young children during the complementary stage leads to poor dietary compliance.

…..using these design elements

Establish the child as the '***hook***', interventions focusing all members of the family to care for the mother for the child, the *champion*.

Options like *snacking* are introduced.

Husbands as the primary stakeholder in the program as their support increase women's decision-making power.

Engage with the community using *participatory learning approaches* to bring sustained change to the prevailing practices.

Mobilize *multiple platforms and local influencers* and use *digital technologies* for reaching everyone.
'*Zimmedari*' campaigns to promote the participation of all family members in a child's complementary feeding phase

The SBC plan integrates multiple target groups with a specific role in the change narrative.

PRIMARY
Amongst whom change is intended

Pregnant and Lactating women consume nutritious food

Husbands uses DBT money to buy nutritious food for HER

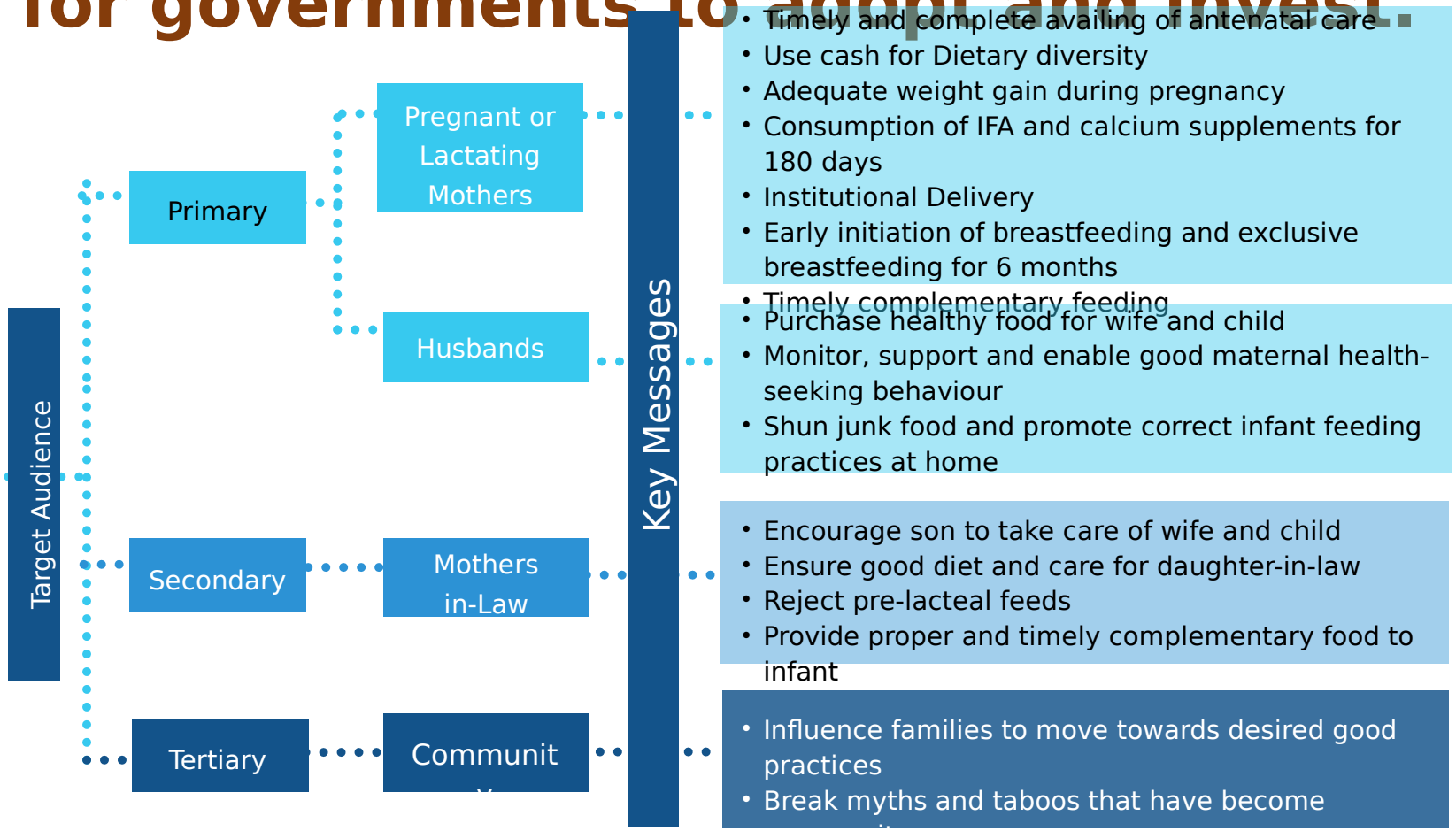
SECONDARY
Those who influence primary participants to adopt change

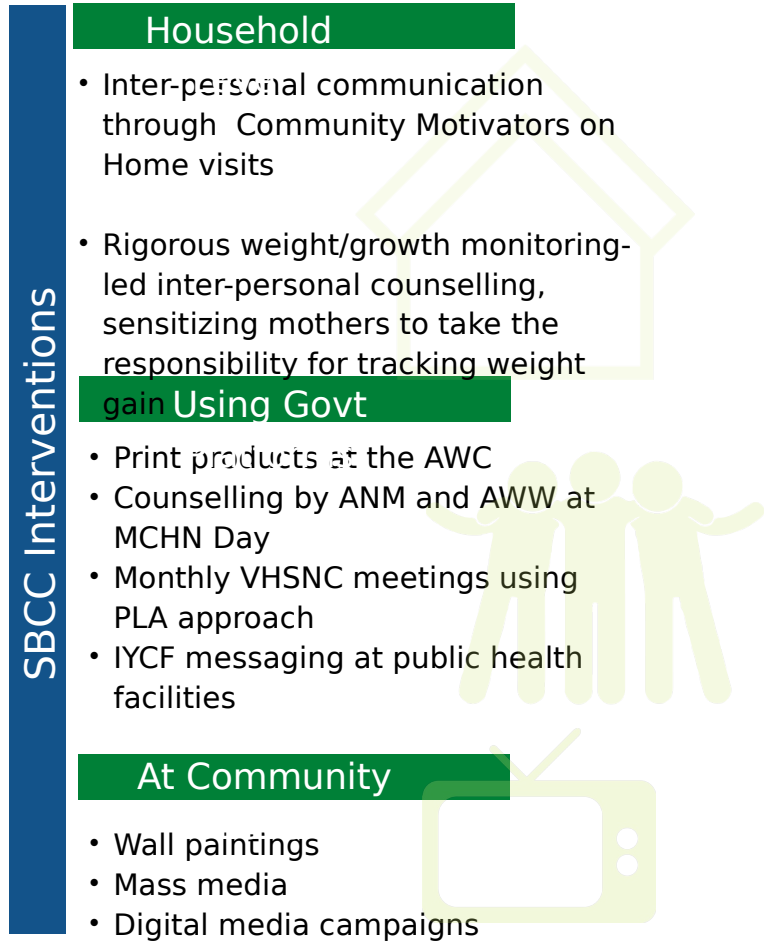
Mothers-in-law supports PLW and husband in the process

TERTIARY
Those who help create a conducive and supportive environment

Build agreement in communities and will support the change

A comprehensive SBC is necessary but takes lots of time for governments to adopt and invest.





Field Level Workers Nutrition focused training in 5 districts

Community Nutrition workers (AWW)on Nutrition counselling and DBT Awareness during MCHN Day	**9,500**
Health workers (ANM) on maternal weight gain, Nutrition counselling and IYCF practices during MCHN Day	**3,300**
Community Health Workers (ASHA) capacity building on PLA techniques and Nutrition	

Cash-based social protection is not just an economic support for boosting purchasing powers at HHs but a behavioral trigger too.

Cash benefits unlocked for nearly **~ 456,000** women

~ 200,000 Households reached

~ 400,000 Pregnant women monitored

Growth monitored for **250,000** children

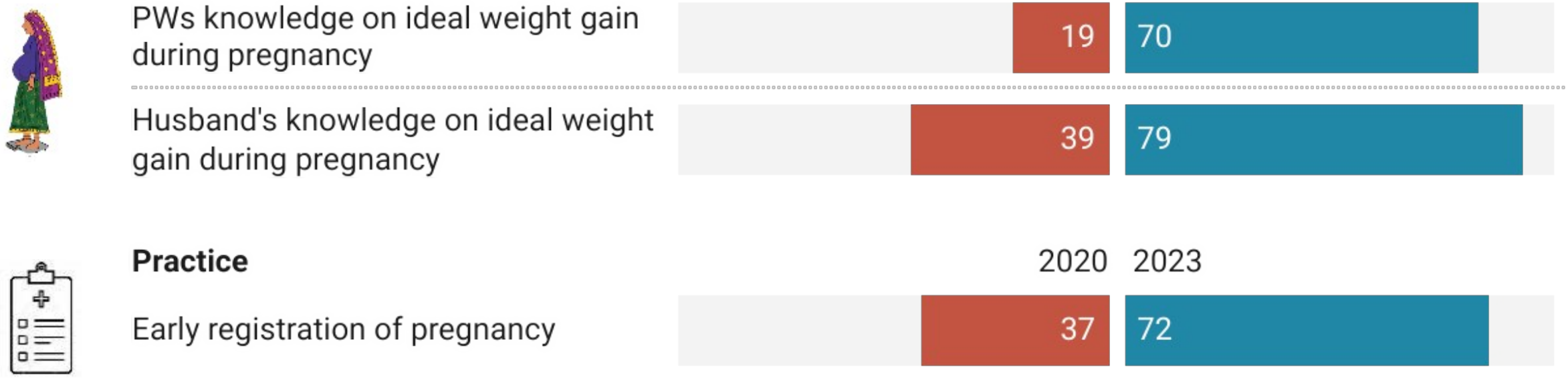
~78,000 community meetings conducted

~9,100,000 men digitally reached

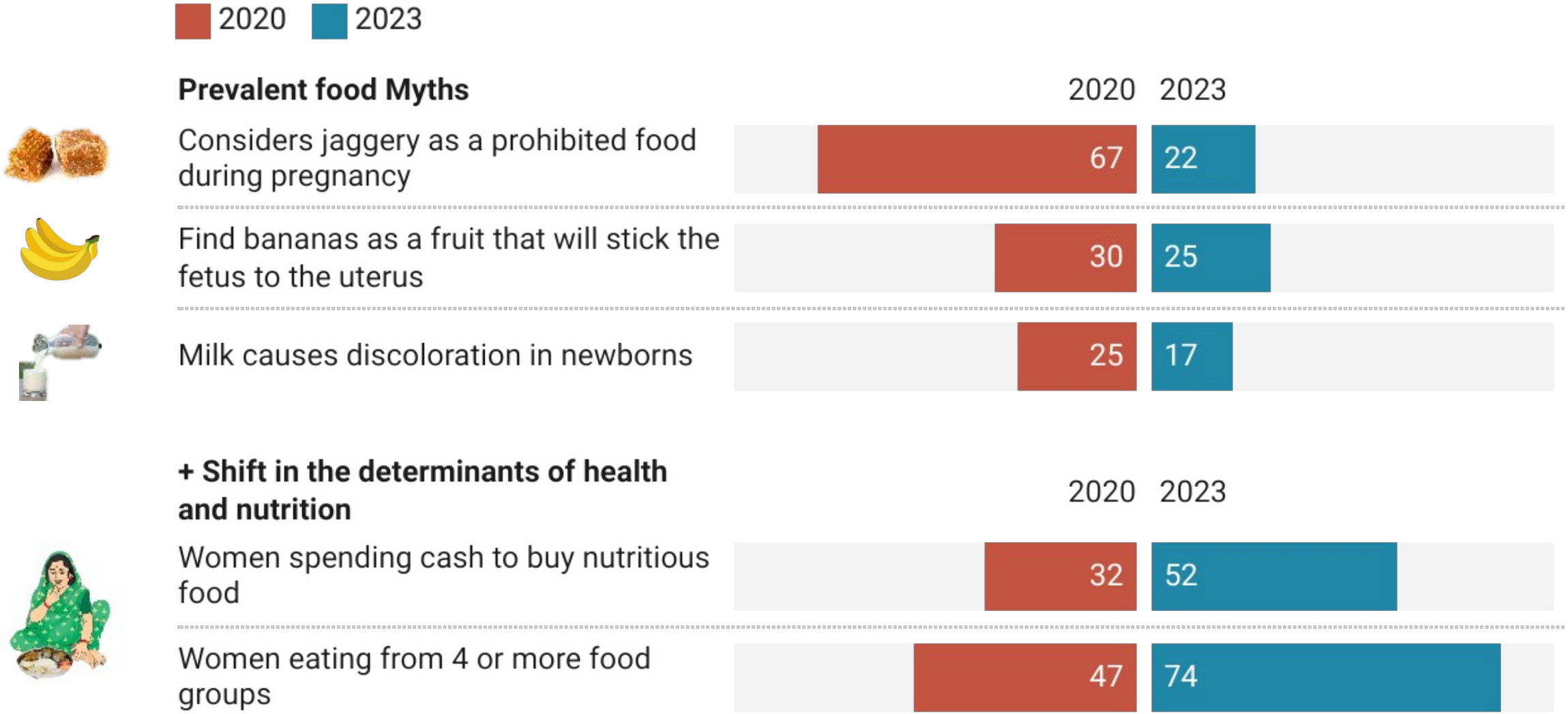
~1,449,000 health and nutrition messaging sessions conducted

Cash plus social protection in Rajasthan is shifting some challenging practices

Cash Plus Interventions leading to improvements in Knowledge and Practice



Cash plus social protection in Rajasthan is shifting some challenging practices



Thank you!