

Exploring the barriers and facilitators to the effectiveness of nutrition and health education (NHE) in reducing malnutrition among children below 5-years in India

A Qualitative Study

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Rationale



Globally, undernutrition causes 45% of child deaths (WHO, 2021) (4)



Over 70% of wasted children, 50% of stunted and overweight children are in Asia (3)



In India, 35% of children are stunted, 20% are wasted, and 31% are underweight (IIPS and ICF, 2022) (2)



India's Integrated Child Development Services (ICDS) program, initiated in 1975, is the world's largest community-based effort to combat malnutrition (1)



ICDS emphasizes the critical first 1000 days of a child's life (1)

ICDS Explained

99.24% of AWCs are operational, i.e., 13,89,110 AWCs are operational out of 13,99,697 sanctioned AWCs in 36 states and UTs, catering to 9,06,16,953 beneficiaries (Ministry of Women and Child Development, 2021) – 46

ICDS Services	Service Providers	Target Group
Supplementary nutrition	AWW and AWH	Children <6 years, PLM
Immunisation	ANM/MO	Children <6 years, PLM
Health check-ups	ANM/MO/AWW and AWW assists ANM in identifying and mobilising the target group	Children <6 years, PLM
Referral	ANM/MO/AWW and AWW assists ANM in identifying and mobilising the target group	Children <6 years, PLM
Pre-school education	AWW	Children 3-6 years
Nutrition and health education	ANM/MO/AWW	Women 15-45 years

Implementation Gaps

- Infrastructure deficits (5)
- Sub-optimal delivery of nutrition and health education information (6)
- Inadequate supervisory visits (7)

Service Utilisation Gaps

- Lack of information to beneficiaries (8)
- Improper and untimely communication by the AWWs (9)

Monitoring Gaps

- Lack of comprehensive program operations during review meetings
- Lack of evaluation framework for nutrition and health education components
- Overreliance on quantitative data, focusing on input and output indicators (10)

AWW – Anganwadi Worker AWH – Anganwadi Helper
 ANM – Auxiliary Nurse and Midwife MO – Medical Officer
 PLM – Pregnant and Lactating Mothers UT – Union Territories

Objectives

- The NHE component is well-designed but has faced M&E challenges over the years.
- Data is primarily quantitative, emphasizing inputs and outputs, with limited focus on outcomes and impact, and lacks qualitative analysis.
- Although ICDS is widely studied, there's no large-scale Indian study on NHE challenges, supporting factors, and stakeholder perspectives.

✓ To describe the perceived barriers and facilitators of NHE implementation to address malnutrition through qualitative interviews with key stakeholders.

✓ To make recommendations on how to take NHE forwards in the future.

Methods

Research design (1/2)

- Exploratory research strategy – qualitative research approach
- Purposive sampling; LinkedIn and personal contacts
- Interviews happened on Zoom, Google meet, and telephone calls.

Research design (2/2)

- Semi-structured interview schedule
- Data collected in English and Hindi
- Interviews were scheduled for 45 to 60 minutes
- 18 participants were reached out; 8 participants consented to participate

Approach to analysis

- Thematic approach
- Audios transcribed using Otter.ai
- Data coding using MS excel

Participants Profile

Category	Respondent 1	Respondent 2	Respondent 3	Respondent 4	Respondent 5	Respondent 6	Respondent 7	Respondent 8
Sex	Female	Male	Male	Male	Female	Female	Male	Female
Education	Post graduate diploma	Masters	Masters	Post graduate diploma	Ph.D.	Masters	Masters	Bachelors
Occupation	At a leadership position	At a leadership position	At a managerial position	At a managerial position	At a managerial position	Frontline functionary	At a managerial position	Frontline functionary
Year of experience	8 years	23 years	9 years	More than 12 years	More than 10 years	8 years	More than 19 years	10 years
Geography of work	Maharashtra, Karnataka, Madhya Pradesh, Gujarat	Rajasthan, Odisha, Jharkhand	Bihar and Kolkata	Madhya Pradesh	Various developing countries	Haryana	Bihar, Gujarat	Haryana

Results



A well conceptualized program with a number of implementation flaws

- AWWs are a backbone of the country
- Persistent challenges of infrastructure and budget deficits
- Severe shortage of human resources
- Uneven distribution of AWCs
- 50:50 center-state funding model needs to be relooked



Over worked AWWs delivering sub-optimal services

- Overworked AWWs; delivering sub-optimal services
- Lack of supportive supervision
- Sub-optimal training and capacity building of AWWs
- Top-down monitoring; lack of feedback loop
- Outdated and redundant information dissemination to beneficiaries
- Migration, traditional and cultural food myths and taboos

Results



Digital MIS – a quest for effectiveness

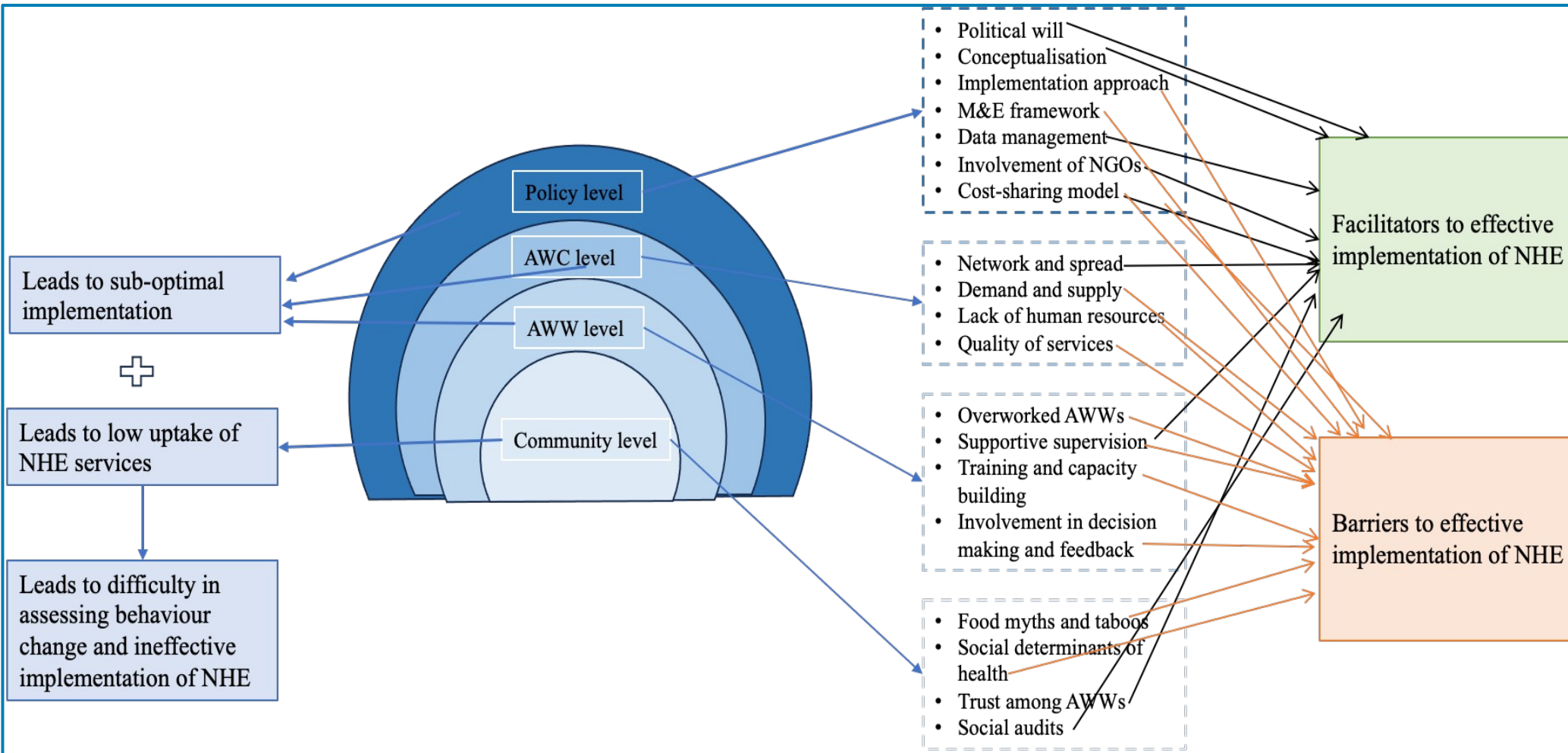
- Need a system to capture qualitative and quantitative data
- Lack of capacity building to fill data digitally; lack of access to smart phones
- Using data and digital platform is a behavioural change issue within the system
- Lack of involvement of AWWs, supervisors, and CDPOs in decision-making



The flourishing network of NGOs

- NGOs/iNGOs mirroring the central and state government's efforts to address malnutrition
- Corporate Social Responsibilities have huge potential
- Duplication of work by all these entities is creating fatigue among beneficiaries
- All sector's energies, resources, expertise, and knowledge should be channeled effectively

Conceptual Framework



Recommendations

1

Reassigning AWCs and new recruitments of AWWs

2

Enhancing ICDS Staff Capacity - Addressing Skills and Data Management

3

Enhancing Evaluation in ICDS - Promoting Evidence-Based Policy Change

4

Transitioning to a Bottom-Up Approach in ICDS

5

Strengthening NGO Collaboration for Effective ICDS Implementation

Research Implications



For Policy and Practice

Important for policymakers, program designers, and implementers focusing on NHE, ICDS, and public health professionals.

The findings contribute to the evidence base on the significance of NHE in India.



For Research

Need for a large-scale qualitative study; one covering NGOs and another covering government stakeholders and policymakers.

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Annexure I (Sample Interview Schedule)

1. What is your name?
2. Where are you currently working?
3. What is your current designation?
4. What was/is your role in the ICDS program? Or what is/was your association with the ICDS program?
5. How long you have worked or have been working with the ICDS program?
6. What is your understanding of the ICDS program?
7. How the ICDS program is implemented on the ground? *(Prompt for list of stakeholders, how incentives are given to program delivery agents, what is the supervision method)*
8. What do you think are the success factors of the ICDS program? *(Prompt for NHE-specific response)*
9. What do you think are the major challenges/barriers with the ICDS program? *(Prompt for policy aspect, financial aspect, implementation aspect, and monitoring and evaluation aspects)*

10. What do you think are the major challenges/barriers with the NHE of the ICDS programs? *(Same prompts as above).*
11. What do you think are the major challenges on the community/beneficiary front on the adoption of the NHE component?
12. What is the feedback/monitoring and evaluation mechanisms in the ICDS program?
13. Do you think the mechanism(s) is useful? Yes or no, explain.
14. How is data on NHE collected? How it is stored, analysed, transferred, and evaluated?
15. What is the frequency of the training of AWWs/ANMs? Provide details of it. *(What is the objective of training, who delivers it, how it is delivered, how it is reported, how the feedback is incorporated if collected, etc.)*
16. Do you think the program is working at its best? Yes or no, explain.
17. What can be done to make it more effective to improve the NHE component?

Thank you!

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