

# **The Status of Initiatives Dealing with the Challenges of Nutrition in India**

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## **Abstract**

It is a critical time for India to prioritize nutrition in its health and development agendas. While dismal nutrition indicators persist, and the country's levels of hunger are considered —alarming on an international index. On the Global Hunger Index 2018, India is home to one-third of the world's stunted children. Around 25.5 million children in the country are wasted. Under-nutrition is higher in rural areas compared to urban.

Without a targeted, multi-sectoral approach to nutrition, India will continue struggling to deliver evidence-based interventions during the most important windows of opportunity. This paper explores the current situation of nutrition in India, India's nutritional challenges and major national initiatives undertaken by the Government of India to improve the situation over the decades.

A detailed account of National Nutrition Mission (Poshan Abhiyaan) undertaken by the Ministry of Women and Child Development (MWCD), Government of India to address the burden of malnutrition in the country is examined. Further, we propose a pilot study to explore the status of implementation of National Nutrition Mission and the use of Information and Communications Technology (ICT) programmatically and on the ground.

Keywords: Nutrition, National Nutrition Mission, Information and Communications Technology, ICT, India

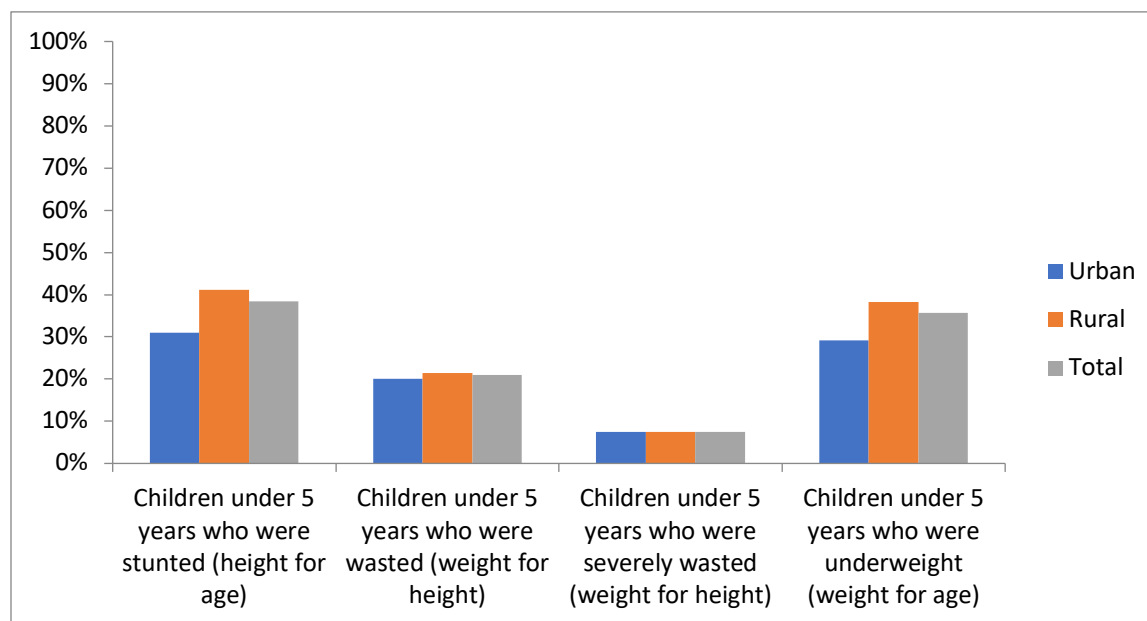
## Current Status of Nutrition in India

The status of nutrition in India is worrying. As per Global Hunger Index 2018 (a composite of under-five mortality rate, prevalence of underweight in children and proportion of undernourished) Report, India ranks 103 (with a score of 31.1) out of 119 qualifying countries (K. von et al. 2018). Global Nutrition Report 2018 clearly mentions that India is home to 46.6 million stunted children and 25.5 million children who are wasted (Development Initiatives 2018). India tops the list of the three countries, including Nigeria (13.9 million) and Pakistan (10.7 million), where almost half of the world's stunted children reside (Development Initiatives 2018). India holds almost a third (31%) of the world's burden for stunting and it varies from district to district (12.4% to 65.1%), with 239 of 604 districts having stunting levels above 40% and 202 have prevalence of 30-40% (Menon et al. 2018; Development Initiatives 2018).

As per NFHS 4 (2015-2016), 38.4 % of children under 5 years were stunted, 21% of children under 5 years were wasted, 7.5 % of children under 5 years were severely wasted and 35.7 % of children were underweight (see figure 1) (International Institute for Population Sciences 2017). The percentage of women (15-19 years) who were anemic (<13g/dl) were 22.7% and percentage of children (5-59 months) who were anemic (<11g/dl) were 58.4% (International Institute for Population Sciences 2017). In India, the major percentage of children under 5 years who were stunted and underweight belong to the lowest wealth quintile, with no education and belong to scheduled tribe (see figure 2 and 3) (International Institute for Population Sciences 2017).

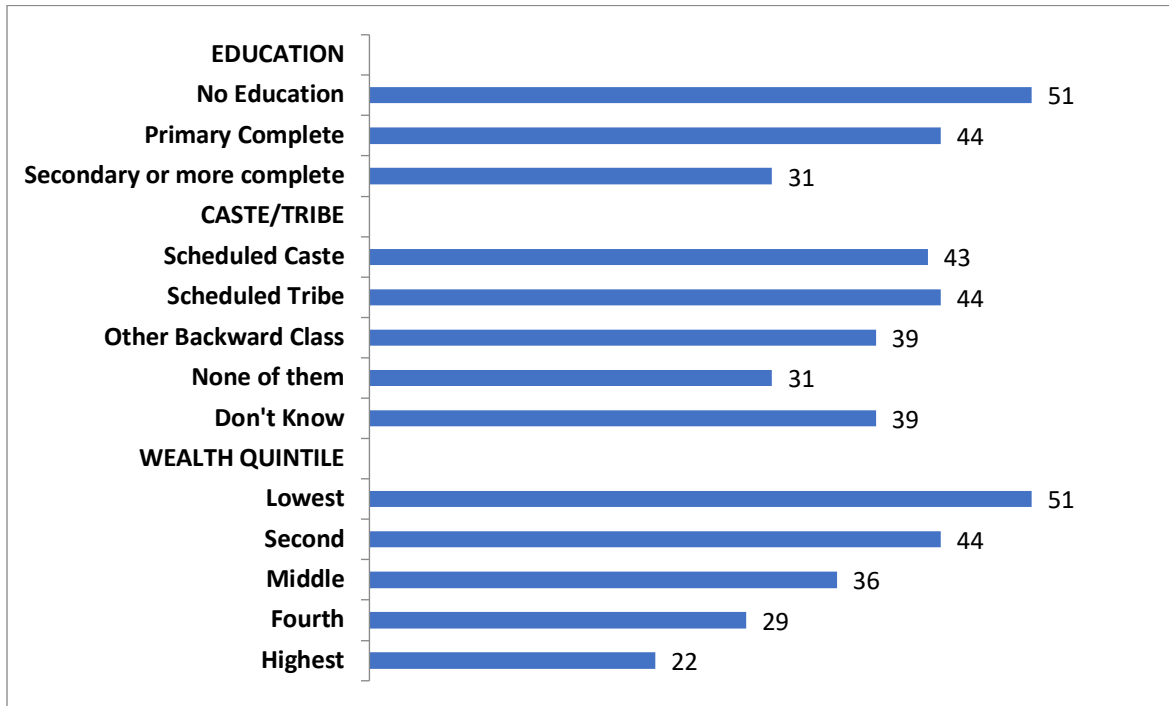
**Figure 1: Children's Nutritional Status**

**Percentage of children under 5 years (Source: NFHS 4 (2015-2016))**



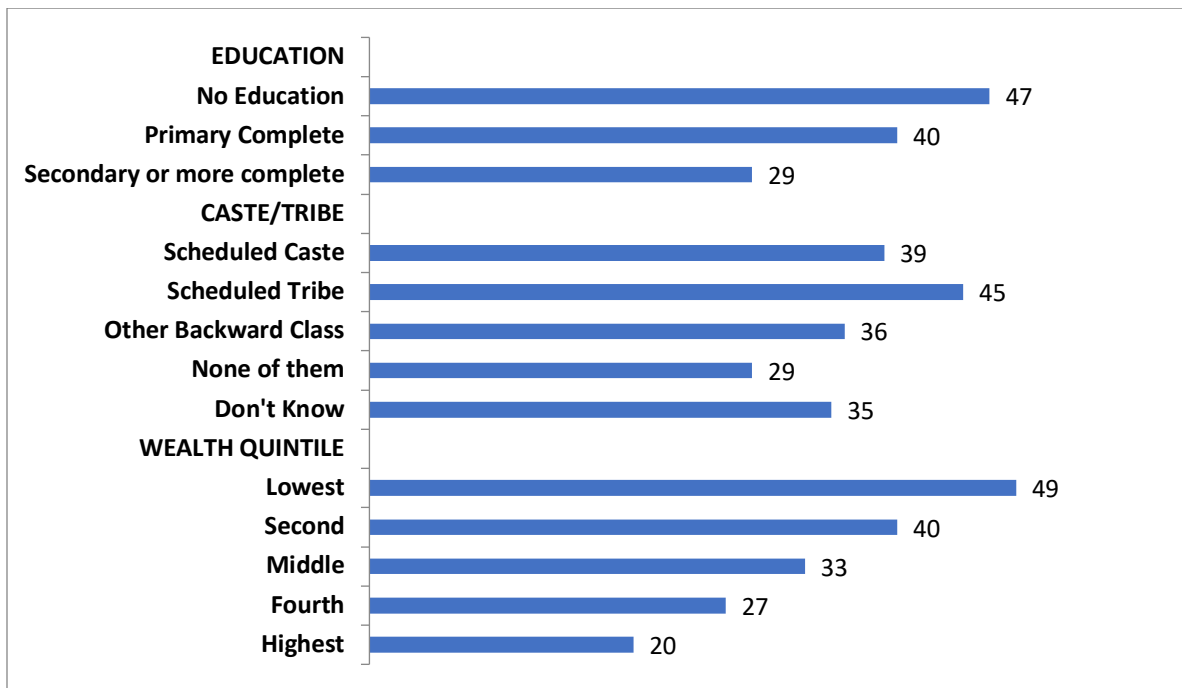
**Figure 2: Children's Nutritional Status (Stunted)**

*Percentage of children under 5 years (Source: NFHS 4 (2015-2016))*

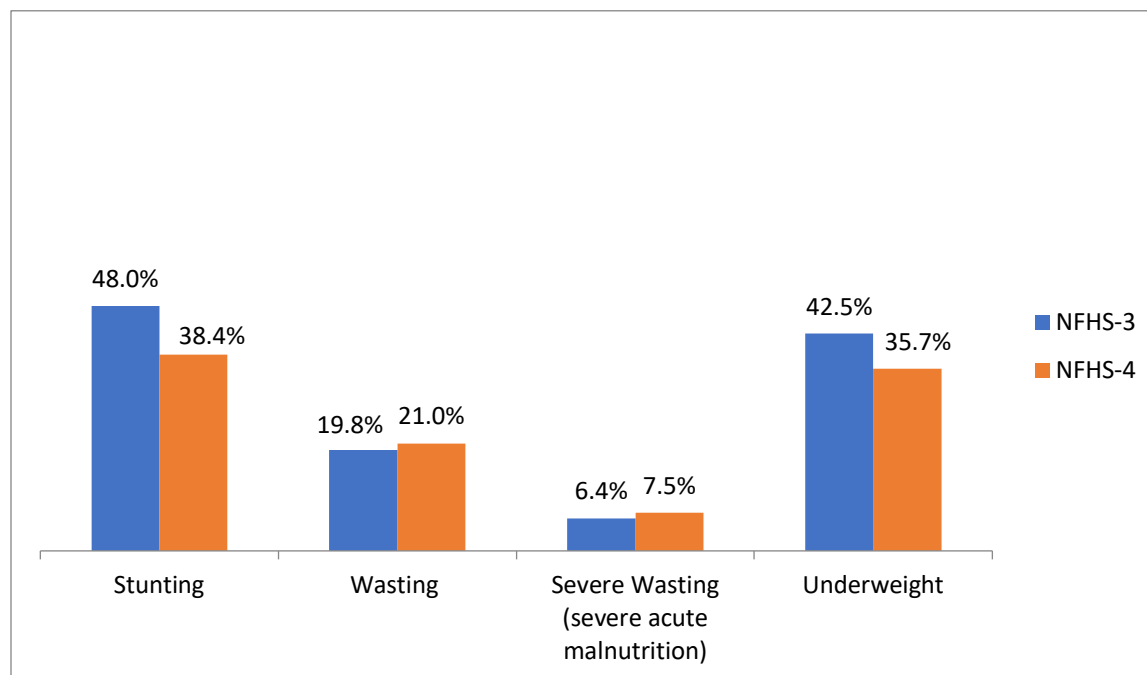


**Figure 3 Children's Nutritional Status (Underweight)**

*Percentage of children under 5 years (Source: NFHS 4 (2015-2016))*



**Figure 4 : Nutritional status of children under 5 years: Comparison between NFHS-3 and NFHS-4 (Source: NITI Aayog, Government of India. 2017. “National Nutrition Strategy.”)**



Evidently, in the last decade, there was an overall decline in the prevalence of stunting and underweight, while trends in wasting and severe wasting have shown an overall increase (see figure 4)(NITI Aayog, Government of India 2017). While the overall stunting prevalence has reduced from 48% (as per NFHS-3) to 38.4%(as per NFHS-4), it continues to rise in the states of Bihar, Uttar Pradesh, Jharkhand, Madhya Pradesh, Meghalaya and Dadra & Nagar Haveli, where greater than 40% of the children under 5 years remain stunted(NITI Aayog, Government of India 2017). States/UTs like Punjab, Goa, Maharashtra, Sikkim and Karnataka have shown a considerable increase in the incidence of wasting among children under 5 years in the last decade(NITI Aayog, Government of India 2017). States/UTs which have shown a highest percentage increase in the incidence of severe wasting (severe acute malnutrition) are Daman & Diu (11.9%), Jharkhand (11.4%), Dadra & Nagar Haveli (11.4%), Karnataka (10.5%), Gujarat (9.5%) and Goa (9.5%)(NITI Aayog, Government of India 2017).

Compared to NFHS-3, NFHS-4 shows an overall and in all states an improvement in the nutritional status of women aged 15-49 years(NITI Aayog, Government of India 2017). The prevalence of women with low BMI has declined from 35.5% (NFHS-3) to 22.9% (NFHS-4)(NITI Aayog, Government of India 2017). However, 8 States/UTs which have seen an increase in the prevalence of anemia are Punjab, Haryana, Uttar Pradesh, Himachal Pradesh, Meghalaya, Delhi, Tamil Nadu and Kerala(NITI Aayog, Government of India 2017).

## India's Nutritional Challenges

Economic inequality is one of the major causes of malnutrition in India. The population groups belonging to low social economic status often consume diet lacking both in quality and quantity. This in turn results in low productivity which means low pay and that traps them again in the viscous cycle of under nutrition. A connection between domestic violence and malnutrition among women and children in India is evident in the literature(Ackerson and Subramanian 2008). The violence, as a control mechanism, affects the women's autonomy to make decisions in the family related to food, its type and amount, which affects nutrition status of the entire family.

As a commonly enforced practice, married women (whether pregnant or not) and daughters, are the ones eating meals after men and sons have eaten, especially in states that have high and rising incidence of stunting – Bihar, U.P., M.P., Jharkhand etc. More often than not, in BPL families, there is not enough food left for women and daughters to eat. As an everyday practice, this leads to severe undernourishment of women and young girls. The early marriage is yet another social factor leading to malnutrition. The young under-nourished girls belonging to the low-socio economic strata of the society are forced to marry at an early age. This practice in turn forces young girls to bear under-nourished children. Further, social issues like gender disparities (preference of male child) and inappropriate birth planning enhance the chances of birth of under-nourished children. In India, malnutrition is higher in rural areas compared to urban(Kjelsrud and Somanathan 2017).

Though the problem of under-nutrition is present across the country, but it is more evident in the states of Madhya Pradesh, Bihar, Uttar Pradesh and Jharkhand (Aijaz 2017). Literature suggests that parental education is a significant determinant of children being underweight(Ansuya et al. 2018). Pal et al. in their study found that adolescents of working mothers were more likely to be stunted and thin than those who do not worked outside of the home(Pal et al. 2017). They also found that the adolescents of women with higher education were less likely to be undernourished than adolescents of poor and uneducated women. Anusya et al. in their study found open defecation to be a significant determinant of children being underweight(Ansuya et al. 2018). "Children whose drinking water is from a non-improved water source are more likely to be underweight and wasted than children with access to an improved water source"(“NFHS-3-Chapter-10-Nutrition-and-Anaemia” 2007). Literature suggests that type of weaning and complimentary food given to children is a significant determinant of children being underweight(Ansuya et al. 2018).

## National Nutrition Initiatives in India

The government of India has implemented various schemes from time to time to target the issue of malnutrition in the country. The **Integrated Child Development Services (ICDS)** scheme, launched in the year 1975, is one of the world's largest and most unique outreach program for early childhood care and development<sup>1</sup>. **Mid-Day Meal** scheme was launched in 1995 under the centrally sponsored scheme, the National Program of Nutritional Support to Primary Education (NP-NSPE)<sup>2</sup>. The aim of this scheme is to improve the enrolment and retention rate by providing free meals to school going children of grade 1-8th, in government run schools. The Government of India launched **Targeted Public Distribution System (TPDS)** from June 1, 1997 aiming to reduce the burden of food subsidy and helping target really needy people.

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<sup>1</sup> <https://icds-wcd.nic.in/>

<sup>2</sup> [http://mdm.nic.in/mdm\\_website/](http://mdm.nic.in/mdm_website/)

**National Horticulture Mission** launched under 10th five year plan in the year 2005-2006 focused on promoting production of horticulture products and promoting nutritional security.

**National Rural Health Mission (NRHM)**, launched in April 2005, aimed to improve the accessibility, affordability and quality of health care especially for those residing in rural areas with a special focus on the vulnerable groups<sup>3</sup>. On a request from the Ministry of Health and Family Welfare, Bajpai et al, as a part of an International Advisory Panel, undertook mid-term evaluation of the NRHM in the year 2009 (Bajpai, Sachs, and Dholakia 2010). They suggested to the then Prime Minister of India, the Honorable Dr. Manmohan Singh, to set up an Inter-ministerial Council on the Challenges of Nutrition in India. They further suggested that **“The Prime Minister Chair an Inter-ministerial Group on India's nutrition challenges—sub-populations with chronic under-nourishment as well as the rapid rise of disease from obesity, diabetes, and the —urban/industrial lifestyle. This Inter-ministerial Group is crucial since clearly several different governmental ministries play a significant role in dealing with India’s nutrition challenges. The Group would include ministries involved in public health and family welfare (Ministry of Health & Family Welfare); urbanization (Ministry of Urban Development); nutrition (Ministry of Women and Child Development); rural development (Ministry of Rural Development); transport (Ministry of Roads, Transport and Highways) and the food sector (Ministry of Agriculture) to give a widely-based approach to the multiple challenges facing India in achieving healthy nutrition”**(Bajpai, Sachs, and Dholakia 2010). Further, Bajpai and Dholakia in their paper on “Improving the integration of Health and Nutrition sectors in India” recommended that **“India requires nutrition leadership at national, state, district, and community levels. A concrete, proactive national nutrition policy is needed to unite fragmented nutrition initiatives, hold relevant departments to nutrition outcomes, and drive nutrition programming in high-focus districts”**(Bajpai and Dholakia 2011). They also recommended **“the creation of a community advocate for nutrition, termed an Accredited Nutrition Activist”**(Bajpai and Dholakia 2011).

Since then various nutrition initiatives were further launched in silos. **National Food Security Mission** launched in the year 2007 focused on ensuring food security of the country. The **Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG)**, named as **SABLA**, was initiated in April, 2011 for adolescent girls between 11-18 years. **Pradhan Mantri Matru Vandana Yojana**, previously **Indira Gandhi Matritva Sahyog Yojana**, launched in the year 2016 is a centrally sponsored scheme to provide pregnant and lactating women of 19 years and above, a conditional cash transfer for their various needs including good nutrition. Some of the other programmes/schemes helping to improve nutrition status in the country include, but not limited to, **National Health Mission, National Rural Drinking Water programme, National Rural Livelihood Mission, Food Fortification, Scheme for Adolescent Girls, Home-based Care for Young Child, Swachh Bharat Mission, Sarva Shiksha Abhiyaan, National Creche Scheme** etc.

Despite various initiatives by government of India to improve the nutrition status, malnutrition remains a burgeoning issue in the country. It is in the year 2018 when the **National Nutrition Mission (Poshan Abhiyan)** was launched<sup>4</sup>, a programme holistically addressing the malnutrition through the use of convergence across various ministries. This is in line with what Bajpai et al suggested in their report in

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<sup>3</sup> <http://vikaspedia.in/health/nrhm/national-health-mission/national-rural-health-mission-nrhm>

<sup>4</sup> <http://poshanabhiyaan.gov.in/#/>

2009(Bajpai, Sachs, and Dholakia 2010) and Bajpai and Dholakia in their paper in 2011(Bajpai and Dholakia 2011). Further, **National nutritional strategy** has been released in the year 2017 by NITI Aayog<sup>5</sup>.

## National Nutrition Mission (NNM)

National Nutrition Mission (Poshan Abhiyaan) is one of the flagship programme by government of India(Ministry of Women and Child Development, Government of India 2018b). It was launched by Hon'ble Prime Minister of India, Shri Narendra Modi in March 2018. Through the use of technology, convergence, behavioral change and result-oriented approach, this programme holistically addresses the burden of malnutrition in the country. The National Nutrition mission is primarily an independent body for reviewing and taking stock of all the nutrition related programmes/schemes in the country on the target population. To achieve this, the mission will ensure convergence of various nutrition related programmes/schemes in the country on the target population. These programmes/schemes include Pradhan Mantri Matru Vandana Yojna, Anganwadi Services, Scheme for Adolescent Girls of MWCD, National Health Mission(NHM) of MoH&FW, Swachh Bharat Mission of Ministry of Drinking Water & Sanitation (DW&S), Public Distribution System (PDS) of Ministry of Consumer Affairs, Drinking Water & Toilets with Ministry of Panchayati Raj, Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) of Ministry of Rural Development(MoRD), Food & Public Distribution (CAF&PD) and Urban local bodies through Ministry of Urban Development(Ministry of Women and Child Development, Government of India 2018b).

The goal of National Nutrition Mission is to improve the status of nutrition of children aged 0-6 years, adolescent girls, pregnant women and lactating mothers during three years' time starting 2017-2018. The objectives and targets of National Nutrition Mission are given in Table 1.

**Table 1: Objectives and Targets of National Nutrition Mission**

S.No	Objective	Target
1.	Prevent and reduce Stunting in children (0-6 years)	By 6% @ 2% p.a.
2.	Prevent and reduce under-nutrition (underweight prevalence) in children (0-6 years)	By 6% @ 2% p.a.
3.	Reduce the prevalence of anemia among young children (6-59 months)	By 9% @ 3% p.a.
4.	Reduce the prevalence of anemia among Women and Adolescent Girls in the age group of 15- 49 years	By 9% @ 3% p.a.
5.	Reduce Low Birth Weight (LBW)	By 6% @ 2% p.a.

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

National Nutrition Mission aims to reduce malnutrition from India using a phased approach through life cycle concept. All States/UTs will be covered under the programme in a phased manner. In the year 2017-2018, 315 districts were supposed to have been targeted and in the year 2018-2019, 235 districts. All the remaining districts of all the 36 States/UTs are supposed to be targeted in the year 2019-20. Further details about the States/districts covered under the programme are given in Annexure 1. The strategy used by National Nutrition Mission is to adopt a life cycle approach. The focus therefore will be on children aged 0-6 years, adolescent girls, pregnant women and lactating mothers.

<sup>5</sup> [https://niti.gov.in/writereaddata/files/document\\_publication/Nutrition\\_Strategy\\_Booklet.pdf](https://niti.gov.in/writereaddata/files/document_publication/Nutrition_Strategy_Booklet.pdf)



The target of the NNM is to reduce stunting among children in the age group 0-6 years from 38.4% to 25% by the year 2022. The functions of National Nutrition Mission are given in detail in Annexure 2. The total cost of the mission for the period of three years is Rs. 2849 crore (as per Government of India share). The technical support Unit in NITI Aayog will be responsible for monitoring the progress and impact of the National Nutrition Mission periodically.

### Monitoring of Schemes under NNM

National Nutrition Mission will ensure convergence and monitor activities of all the health and nutrition schemes from the village level upwards to National Level. Some of the schemes to be monitored under National Nutrition Mission are given in Annexure 3.

### Administrative Framework

Figure 5 shows the National Nutrition Mission (NNM) administrative framework. A National Council has been established to provide policy directions, coordinate between ministries and review programmes under NNM on a quarterly basis. The National council will submit its report to the Prime Minister every six months. The composition of the National Council is given in Annexure 4.



Figure 5 : Administrative Framework of National Nutrition Mission

At National Level, an executive committee has also been established who will be responsible for functions of the NNM. The Secretary, Ministry of Women & Child Development is the chairperson of this executive committee. The composition of the executive committee is given in Annexure 5. The executive committee will be the Apex body for NNM activities. The executive committee will provide direction and guidance to the States/Union Territories (UTs) to implement programmes (for Children below six years age, Adolescent Girls, Pregnant Women and Lactating Mothers) under NNM. The entire list of functions of the executive committee is given in Annexure 6. The executive committee will meet every three months and will submit its report on India's Nutritional Challenges to the National Council of NNM.

To reduce malnutrition, there is a need to achieve convergence between various services / interventions targeting first 1000 days of child birth, pre and post-delivery support to mothers and all stand-alone interventions targeting malnutrition. The idea of Convergence Action Plan (CAP) at all the levels- State/UTs, District, Block and Village has been put forward. Table 2 outlines the components to be included in the Convergence Action Plan (CAP).

**Table 2: Components to be included in the Convergence Action Plan**

S.No	Areas of Convergence	Name of the Component	Name of the Concerned Department
1.	Strengthening of AWC Infrastructure (including identification of structural gaps)	Construction of AWC buildings under MGNREGS including identification of gaps	Rural Development & Panchayati Raj
		Provision of safe drinking water at AWC including identification of gaps	Drinking Water & Sanitation and Panchayati Raj
		Provision of sanitation at the AWCs including identification of gaps	Drinking Water & Sanitation and Panchayati Raj
		Community mobilization on Swachh Bharat Mission & ODF	Drinking Water & Sanitation
2.	Ensuring quality of SN	Supply of food grains	Food & Public Distribution
		Testing of quality of SN	State Food laboratories/FNB laboratories
3.	Effective delivery of Health Services	Fixed VHSND, ANC/PNC, Health check-up of children, immunization, referral services, health education, joint training of AWW & ASHA, etc.	Health & Family Welfare
		Medical check-up, Treatment of SAM and other children referred by AWC	State Hospitals – PHC/CHC/NRC/District Hospitals
4.	Strengthening ECCE & IEC	Early Childhood Care & Education (ECCE)	Human Resource Development & MWCD
		Mobilization and sensitization of villagers, coordination, providing water & sanitation, maintenance of AWCs, preparing CAP	Panchayati Raj Institutions/Urban Local Bodies

		Information & Education Campaign (IEC)	Information & Broadcasting/DIPR
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Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

State/UT Convergence Plan will be prepared through a Committee chaired by senior most Principal Secretary of the line departments, to be nominated by Chief Secretary. See Annexure 7 for entire list of State/UT Convergence Plan Committee members. State/UT Convergence Plan will be a part of the Annual Programme Implementation Plan of the State/UT under Anganwadi Services of Umbrella ICDS. For each consequent year, State/UT Convergence Plan should be finalized by the end of January and submitted to the Ministry of Women and Child Development (MWCD) for further consideration. The detailed description about the role of State/UT Convergence Plan Committee is given in Annexure 8.

The District Convergence Plan (DCP) will be prepared and implemented through a Committee chaired by DM/DC/Collector. See Annexure 9 for entire list of District Convergence Plan Committee members. The District Convergence Plan will be a convergence of all the Block Convergence Plan (BCP). For each consequent year, DCP should be finalized by 31st December. The detailed description about the role of District Convergence Plan Committee is given in Annexure 10.

The Block Convergence Plan (BCP) will be prepared and implemented through a Committee chaired by Sub Divisional Magistrate (SDM). See Annexure 11 for entire list of Block Convergence Plan Committee members. For each consequent year, BCP should be finalized by 15th December. The detailed description about the role of Block Convergence Plan Committee is given in Annexure 12.

To achieve convergence at village level, it is required to optimize the use of frontline workers – AWW and ASHA, optimize the use of ANM, make effective use of Village Health and Sanitation Days and involvement of Panchayati Raj Institutions and Village Organizations.

## Use of ICT in National Nutrition Mission

To monitor activities under National Nutrition Mission, an ICT based real-time monitoring system (ICT-RTM) has been proposed. The ICT-RTM driven by ICDS Common Application Software (CAS) has two components. One component is Mobile application for field functionaries and Supervisors and other, the web application with dashboard. The mobile application has a modular structure. Each module corresponds to each of the 10 out of 11 registers (except stock register) used by Anganwadi Workers. The Lady Supervisors uses mobile application on tablet to monitor the work of Anganwadi workers and review performance of Anganwadi Centres. The web based application with dashboard is used by the Block, District, State and National level officers to review the performance of the health workers and the programme on a regular basis.

The ICT-RTM involves capacity building of all the stakeholders in all the States/UTs. The Lady supervisors will be trained to use supervisor app and as master trainers to train Anganwadi workers (AWWs) on AWW app. State, District, Block level Officials will be trained to use web application and interpret dashboard.

There will be a help desk at all the levels – State, District and Block. The help desk personnel will be trained to use the helpdesk app and escalate and resolve any issue through the issue tracker.

## Jan Andolan Strategy

Poshan Abhiyan is envisioned to be "Jan Andolan"(Ministry of Women and Child Development, Government of India 2018a). It intends to create nutrition awareness through people movement(Ministry of Women and Child Development, Government of India 2018a). The objectives of Jan Andolan Strategy are given in Table 3.

**Table 3: Objectives of the Jan Andolan Strategy**

S.No	Objectives of Jan Andolan Strategy
1	Build recognition across sectors in the country on impact of malnutrition and "call to action" for each sector's contribution to reducing malnutrition
2	Mobilize multiple sectors and communities to create intent to consume nutrient rich food
3	Build knowledge, attitudes and behavioral intent to practice optimal breastfeeding, complimentary feeding, maternal nutrition and adolescent nutrition practices to prevent malnutrition, including SAM and anemia

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

**Figure 6 : Approaches used under Jan Andolan strategy**



Source: Ministry of Women and Child Development, Government of India. 2018. “National Nutrition Mission: Administrative Guidelines.”

Figure 6 outlines the key approaches used by the Jan Andolan Strategy. First approach is to bring convergence across ministries/department and programmes/ schemes related to nutrition from National to the village level. Second, involvement of the community groups like youth groups, self-help groups, adolescent groups, cultural groups, PRIs, teachers’ associations, forest committees, AYUSH hospitals etc. Table 4 outlines the eleven government platforms to be used for community engagement under Jan Andolan. Third, advocacy with the prominent leaders in various sectors (like celebrities, philanthropic bodies, media, sports etc.) to contribute to Poshan Abhiyaan. Fourth, partnerships across various sectors –public, private needs to be established. Fifth, the use of transmedia platforms to connect all stakeholders with Poshan Abhiyan and the use of tagline “ Sahi Poshan, Desh Roshan” across all the transmedia platforms. All the States/UTs are expected to plan activities based on the themes of Poshan Abhiyaan Jan Andolan given in Table 5. The community level events of Jan Andolan will be captured using an android app and will be monitored using web application with in built dashboard feature.

**Table 4 : 11 Government platforms to be used for community engagement under Jan Andolan**

<b>Ministry</b>	<b>Platform</b>
Ministry of Health and Family Welfare	ANM
Ministry of Health and Family Welfare	ASHA
Ministry of Women and Child Development	AWW
Ministry of Rural Development (DAY-NRLM)	SHGs
Ministry of Human Resource Development	Teachers
Ministry of Youth Affairs and Sports	National Youth Corps Volunteers
	Bharat Scouts and Guides
	NSS (student Volunteers)
Ministry of Defense	National Cadet Corps (India)
Ministry of Agriculture & Farmers Welfare	National Cooperatives Development Cooperation
Ministry of Drinking Water & Sanitation	Swachhagrahis

Source: Ministry of Women and Child Development, Government of India. 2018. “National Nutrition Mission: Administrative Guidelines.”

**Table 5 : Themes of Poshan Abhiyaan Jan Andolan**

<b>S.No</b>	<b>Themes of Poshan Abhiyaan Jan Andolan</b>
1	Antenatal check-up, diet of pregnant women, calcium supplementation, institutional delivery & early initiation of breastfeeding
2	Optimal breastfeeding
3	Complementary food and feeding
4	Full immunization & vitamin A supplementation
5	Growth monitoring and promotion
6	Anemia prevention in children, adolescent girls and women-diet, IFA, deworming
7	Food Fortification and micronutrients
8	Diarrhea management
9	Girls education, diet and right age at marriage
10	Hygiene , sanitation & safe drinking water

Source: Ministry of Women and Child Development, Government of India. 2018. “National Nutrition Mission: Administrative Guidelines.”

## Proposal for a Pilot Study

### **Aim**

To conduct an evaluation study of the status of Implementation of National Nutrition Mission including the use of Information and Communications Technology (ICT) programmatically and to recommend, if necessary, any course corrections.

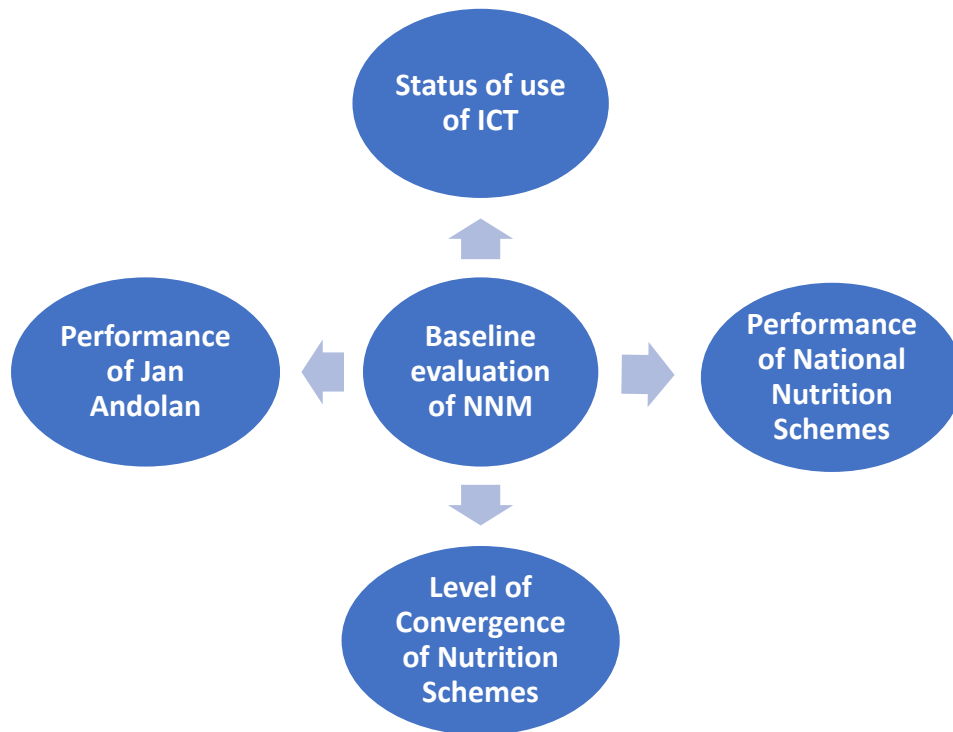
### **Objectives**

- To explore the performance of National nutrition schemes monitored under National Nutrition Mission
- To explore the status of use of ICT for monitoring the activities under National Nutrition Mission
- To explore the level of convergence of various nutrition schemes under National Nutrition Mission
- To explore the performance of Jan Andolan activities

### **Purpose**

The purpose of this study will be to explore the performance of National Nutrition Mission (NNM) during the early stages of its implementation to help inform programme officials about the performance of the mission. This study will help undertake “ground truthing” of the activities under NNM. Programme officials may take necessary actions as needed based on the recommendations and suggestions from this study.

### **Conceptual Framework**



### **Study Duration**

The study is proposed to be undertaken in the year 2020-2021.

### **Study Location**

The study is proposed to be undertaken in three districts in India. One district each from each of the three phases (2017-2018, 2018-2019 and 2019-2020) of implementation of National Nutrition Mission will be considered. This is to explore whether the programme has any learning over the phase of three years and the status of its implementation. A sample of Anganwadi centres (AWCs) will be also be selected from each of the three districts.

**Interviews with Stakeholders:** An open ended questionnaire will be framed to interview State, District and Block level committee members from the three respective selected districts.

**Interview with Anganwadi workers (AWWs):** A structured questionnaire will be framed to interview Anganwadi workers (AWWs) at each of the selected AWCs of all the three districts.

**Focus Group Discussion:** Focus Group Discussion (FGD) will be planned with a sample of beneficiaries at some of the selected AWCs of the three districts.

### **Sampling**

The selection of districts will be based on recommendation by the programme officials and its performance on nutrition indicators in the past. A sample of Anganwadi centres (AWCs) will be randomly selected from each of the three districts. Beneficiaries attending the Anganwadi Centre (AWC) who will voluntarily consent for participation will be considered for Focus Group Discussion (FGD).

### **Sample size**

The number of State, District and Block level committee members selected for interview will be based on their availability and prior approval. Anganwadi workers (AWWs) at each of the selected Anganwadi center (AWC) will be interviewed based on their availability. Focus Group Discussions (FGDs) with the beneficiaries will be conducted within a group of 8-10.

### **Ethical Approval**

Approval from officials at the State /district/block/ village level will be taken as needed prior to the initiation of the research work. Approval from local Ethics Committee will be taken to conduct this research work. The informed consent will be taken from each participant prior to their participation.

### **Communications Plan**

The study results will be submitted to scientific & public health journals and for conference presentations. A full report, at the end of the study, will be submitted to the Ministry of Women and Child Development. This will also include further actions needed at the community level. A specific report outlining the policy implications of the study will be disseminated among the health policy makers.

### **Annexure 1**

Year	States/Districts to be covered
2017-2018	315 common districts identified in the descending order of prevalence of stunting from amongst 201 districts identified by NITI Aayog on the basis of National family Health Survey-4 data, 162 districts covered under the ICDS Systems Strengthening & Nutrition Improvement Programme (ISSNIP) and 106 districts of Scheme for Adolescent Girls.
2018-2019	235 districts based on the status of under-nutrition in various States/UTs to be identified generally based on prevalence of stunting
2019-2020	Remaining districts of all 36 states /UTs

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

### **Annexure 2**

<b>Functions of National Nutrition Mission</b>	
1	To act as an Apex body for nutrition related activities (for children under-six years of age, pregnant women, lactating mothers and adolescent girls)
2	Monitor and review implementation of all nutrition related component across the line Ministries under Government of India/States/UTs
3	Periodical review of nutritional status of States/UTs and provide policy directions
4	Fix targets of components relating to nutrition in each scheme implemented by various Ministries
5	Real Time Monitoring for alerts and prompt local interventions regarding Under-nutrition, Stunting , Wasting



6	BCC/ECCE – Audio-visual aids to be provided for effective interventions through BCC and ECCE for children
7	Identify relevant gap filling support to nutrition related programmes
8	Suggest/prescribe various nutrition related components/actions to improve the nutrition status
9	Bring cohesion among various programmes run by various line Ministries and address convergence issues
10	Identify the nutrition related components in each scheme in consultation with the line Ministries
11	Prescribe/call periodical reports/returns on any nutrition related component from the line Ministries and States/UTs (IT dash board)
12	ICDS-CAS/RCH Portal –synergy for data flow & interventions
13	Assess causes of malnutrition in identified areas and plan for remedial actions
14	Review the outcomes and suggest mid-course corrections that may be required in the policy design
15	Track progress in key outcomes with an analysis of lagging States/UTs and supportive action
16	National Council for India’s Nutrition Challenges will meet at least once in six months
17	To perform any other function required for discharging the above functions assigned to the NNM

Source: Ministry of Women and Child Development, Government of India. 2018. “National Nutrition Mission: Administrative Guidelines.”

### Annexure 3

<b>Nutrition Schemes to be monitored under NNM</b>			
<b>Scheme</b>	<b>Components</b>	<b>Monitoring Criteria</b>	<b>Ministry/Department</b>
Anganwadi Services under Umbrella ICDS	<ul style="list-style-type: none"> <li>Supplementary Nutrition</li> <li>Pre-School Education</li> <li>Nutrition &amp; Health Education</li> </ul>	<ul style="list-style-type: none"> <li>Number of beneficiaries enrolled and availed the scheme</li> </ul>	Ministry of Women and Child Development (MWCD)
	<ul style="list-style-type: none"> <li>Immunization</li> <li>Health check-up</li> <li>Referral Services</li> </ul>	<ul style="list-style-type: none"> <li>Number of children immunized and left out</li> <li>Number of children and PW &amp; LM availing the benefit</li> </ul>	Ministry of Health and Family Welfare (MoH&FW)/ Ministry of Women and Child Development (MWCD)
	<ul style="list-style-type: none"> <li>Weighing of Children</li> <li>Measuring height of children</li> <li>Growth Monitoring Chart</li> </ul>	<ul style="list-style-type: none"> <li>Number of children weighed and found under-weight#</li> <li>Number of children showing growth faltering (stunting) #</li> <li>Number of wasted children#</li> </ul>	Ministry of Women and Child Development (MWCD)

	<ul style="list-style-type: none"> <li>Nutritional Status</li> </ul>		
Pradhan Mantri Matru Vandana Yojna	Conditional cash transfer to Pregnant women & Lactating Mothers	<ul style="list-style-type: none"> <li>Number of enrolled and availed the benefits against eligible beneficiaries</li> <li>Average delay in payment of installments</li> </ul>	Ministry of Women and Child Development (MWCD)
National Creche Scheme	Providing day care services to the children of working women	Number of children availing the benefits	Ministry of Women and Child Development (MWCD)
Scheme for Adolescent Girls	Nutrition components for Adolescent Girls	Number of Adolescent Girls enrolled and availed the Nutrition & IFA Supplements	Ministry of Women and Child Development (MWCD)
National Health Mission	Institutional Delivery	<ul style="list-style-type: none"> <li>Number of deliveries in Hospitals</li> <li>% of women received ante-natal health care</li> <li>% of Low Birth Weight babies</li> </ul>	Ministry of Health and Family Welfare (MoH&FW)
	Anemia Control Programme	<ul style="list-style-type: none"> <li>% of anemic women of reproductive age#</li> <li>% of Pregnant women who consumed IFA tablets</li> <li>% of anemic children#</li> <li>% of children consumed IFA</li> </ul>	
	Rashtriya Baal Swasth Karyakram	<ul style="list-style-type: none"> <li>Number of AWCs Covered</li> </ul>	
Food Fortification	Fortification of Food Articles	<ul style="list-style-type: none"> <li>Use of Fortified Food Articles in ICDS</li> </ul>	MWCD in collaboration with MoH&FW, DF&PD and FSSAI
Swachh Bharat Mission	Providing safe, clean and hygienic environment	<ul style="list-style-type: none"> <li>Number of AWCs having toilets</li> </ul>	Ministry Drinking Water & Sanitation
National Rural Drinking Water Programme	Providing safe drinking water	<ul style="list-style-type: none"> <li>Number of AWCs provided with drinking water facility</li> </ul>	Ministry Drinking Water & Sanitation
Targeted Public Distribution System	Access to household food to targeted beneficiaries	<ul style="list-style-type: none"> <li>Number of beneficiaries covered</li> </ul>	Department of Food & Public Distribution

Mid-Day Meal	Mid-day meal to school going children	<ul style="list-style-type: none"> <li>Number of children benefited</li> </ul>	Ministry of Human Resource Development
National Rural Livelihood Mission	Access to livelihood security giving resources to the poor to provide nutrition to the family	<ul style="list-style-type: none"> <li>Number of poor families provided with livelihood resources</li> </ul>	Ministry of Rural Development
Mahatma Gandhi National Rural Employment Guarantee Scheme	Construction of AWC buildings  Access to livelihood security and poverty alleviation programme	<ul style="list-style-type: none"> <li>Number of AWC building constructed in convergence with MGNREGAS</li> <li>Number of unemployment persons provided job</li> </ul>	Ministry of Rural Development & MWCD
Panchayati Raj Institutions	Providing water facilities and toilets in the rural areas	<ul style="list-style-type: none"> <li>Number of AWCs buildings, water facilities and toilets constructed provided in the rural areas</li> </ul>	Ministry of Panchayati Raj
Urban Local Bodies	Construction of AWCs buildings, water facilities and toilets in the urban areas	<ul style="list-style-type: none"> <li>Number of AWCs buildings, water facilities and toilets constructed in the Urban areas</li> </ul>	Ministry of Urban Development
Sarva Shiksha Abhiyaan	Providing education to all	<ul style="list-style-type: none"> <li>Number of persons provided education opportunities</li> </ul>	Ministry of Human Resource Development
MNRE Home Based Care for Young Children (HBYC)* Vitamin A Vitamin D Preferential Rotavirus and Pneumococcal Vaccine	Installation of Solar Panels IN AWCs	<ul style="list-style-type: none"> <li>Number of AWC buildings where solar panels are installed</li> </ul>	Ministry of New & renewable Energy

\*HBYC to be implemented by MoH& FW

# Specific Targets Fixed under NNM

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 4

Composition of the National Council		
1	Vice Chairperson, NITI Aayog	Chairperson

2	Minister, Women & Child Development	Member
3	Minister, Health & Family Welfare	Member
4	Minister, Drinking Water & Sanitation	Member
5	Minister, Rural Development	Member
6	Minister, Tribal Affairs	Member
7	Minister, Panchayati Raj	Member
8	Minister, Consumer Affairs and Food	Member
9	Minister of State, Finance	Member
10	Minister /Minister of State, Human Resources Development	Member
11	Minister /Minister of State, Urban Development	Member
12	Minister /Minister of State, Information & Broadcasting	Member
13	Minister /Minister of State, Environment, Forest & Climate Change	Member
14	State Chief Minister or their representatives (5 on 2 years rotation basis) i. Bihar ii. Uttar Pradesh iii. Rajasthan iv. Tamil Nadu v. Chhattisgarh	Members
15	Member, Health & Nutrition, NITI Aayog	Member
16	Chief Executive Officer, NITI Aayog	Member
17	Secretary, Health Research & DG, Indian Council of Medical Research (ICMR)	Member
18	Secretary, Ministry of Women and Child Development (MWCD)	Member-Convener

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 5

<b>Composition of the Executive Committee</b>		
I	Secretary, Ministry of Women & Child Development	Chairperson
II	Secretary, Health & Family Welfare	Member
III	Secretary, Expenditure, Ministry of Finance	Member
IV	Secretary, Drinking Water & Sanitation	Member
V	Secretary, Rural Development	Member
VI	Secretary, Panchayati Raj	Member
VII	Secretary, Tribal Affairs	Member
VIII	Secretary, Food & Public Distribution	Member
IX	Secretary, Department of School Education and Literacy	Member
X	Secretary, Urban Development	Member
XI	Secretary, Electronics and Information Technology	Member
XII	Secretary, Environment, Forest & Climate Change	Member
XIII	Secretary, New and Renewable Energy	Member
XIV	Chief Secretaries of 5 Regions –by rotation i. Assam ii. Chhattisgarh iii. Tamil Nadu	Members

	iv. Maharashtra v. Gujrat	
XV	Chief Secretaries of 5 regions (but different States/UTs) by rotation from States/UTS having high burden districts- i. Uttar Pradesh ii. Bihar iii. Jharkhand iv. Madhya Pradesh v. Rajasthan	Members
XVI	Advisor, Health & Nutrition – NITI Aayog	Member
XVII	Representatives from Medical/Home Science Colleges/NGOs/Eminent Institutions in the field of Child Development & Nutrition: i. Food Safety and Standards Authority of India (FSSAI) ii. National Institute of Nutrition (NIN) iii. Indian Council of Medical research (ICMR)	Member
XVIII	Director-National Institute of Public Cooperation and Child Development (NIPCCD)	Member
XIX	Director- National Institute of Health & Family Welfare (NIHFW)	Member
XX	Director- National Institute of Nutrition (NIN)	Member
XXI	Experts in the relevant fields (5) – i. Dr R.C Panda, Member of the Board of Coalition Food & Nutrition Security ii. Ms Deepika Shrivastava, O.S.D NITI Aayog	To be co-opted Members
XXII	Mission Director, NNM (Additional Secretary or Joint Secretary, in-charge of ICDS, MWCD)	Member Secretary & Convener

Source: Ministry of Women and Child Development, Government of India. 2018. “National Nutrition Mission: Administrative Guidelines.”

#### Annexure 6

S.No	Functions of the executive committee
1	To act as an Apex body for nutrition related activities (for Children below six years age, Adolescent Girls, Pregnant Women and Lactating Mothers)
2	Monitor and review of implementation of all nutrition related components across the line ministries under Government of India/State-UTs
3	Periodical review of nutritional status of States/UTs and provide policy decisions
4	Fix targets of components relating to nutrition in each scheme implemented by various Ministries
5	Real Time Monitoring for generation of SMS alerts and prompt local interventions to address Under-Nutrition, Stunting, Wasting
6	BCC/ECCE – Audio-visual aids and print materials to be provided for effective interventions through BCC and ECCE for children
7	Identify relevant gap filling support to nutrition related programmes
8	Suggest/prescribe various nutrition related components /actions to improve the nutritional status
9	Bring Cohesion among various programmes run by various line Ministries and address convergence issues

10	Identify the nutrition related components in each scheme in consultation with the line Ministries
11	Prescribe /call periodical reports/returns on any nutrition related component from the line ministries and States/UTs
12	Convergence through integration of ICDS-CAS and RCH portal for data flow and timely interventions
13	Assess causes of malnutrition in identified areas and plan remedial actions
14	Review the outcomes and suggest mid-course corrections that may be required in the policy design
15	Track progress in key outcomes with an analysis of lagging States/UTs and supportive action
16	To perform any other function required for discharging the above functions assigned to the NNM

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 7

State/UT Convergence Plan Committee		
1	Senior most Principal Secretary of the Department (nominated by Chief Secretary)	Chairperson
2	Secretary, Planning	Member
3	Secretary, Finance	Member
4	Secretaries of line Ministries (Drinking Water & Sanitation, Health, Rural Development, PRI, Education & Food)	Member
5	Secretary, Panchayati Raj	Member
6	State Mission Director, NRHM	Member
7	F & NB representative	Member
8	State representative from NIPCCD	Member
9	Principals, MLTC	Member
10	Director, WCD	Member- Secretary

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 8

S.No	Role of State/UT Convergence Plan Committee
1	Consolidate and examine the requirements given in District Plans received from various districts
2	Segregate the item-wise requirements and seek the financial commitment before inclusion in the SCP

3	On the basis of examination, determine the final requirement and prepare a State/UT Convergence Plan
4	Indicate the roll-out plan, assign responsibilities of each department to avoid any overlapping or consequent shifting of responsibility
5	To submit the SCP for inclusion in State/ UT APIP for approval by State/UT EPC before submission to the MWCD. The components which are to be funded from the State/UT budget need to be segregated and clearly mentioned in the APIP
6	Ensure timely issue of sanction by each department
7	Prepare guidelines for release of funds for convergent actions directly to the DC/DM

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

### Annexure 9

District Convergence Plan Committee		
1	DM/DC/Collector	Chairperson
2	Chief Executive Officer (Zila Parishad/ District Rural Development Agency (DRDA))	Member
3	District level PRI members	Member
4	SDMs of the Districts	Member
5	Chief Medical Officer (CMO)/ Chief Medical Officer (DMO), Health & Family Welfare	Member
6	District Planning Officer	Member
7	District Social Welfare officer	Member
8	District Officer, Rural Development/ Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS)	Member
9	District level officers from Department of Health, Drinking Water & Sanitation, Rural Development, PRI, Education & Food	Member
10	Field representative of Food Nutrition Board	Member
11	CDPOs	Member
12	DPO, ICDS	Member- Secretary

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

### Annexure 10

S.No	Role of District Convergence Plan Committee
1	Examine the need assessment made by the Block Convergence Plan(BCP) for essential interventions at the Village/AWC level and the availability of resources
2	Consolidate requirement of interventions at the District level
3	Considering the need, each line Department to prepare their action plan at the district level for delivering the interventions relating to them
4	Take inputs from PRI members including on the extent of community participation , etc.
5	Submit the consolidated District Convergence Plan to the State Government for approval and earmarking the financial provisions
6	Wherever required, the DCP Committee may make physical inspections to assess the need projected

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 11

<b>Block Convergence Plan Committee</b>		
1	Sub Divisional Magistrate	Chairperson
2	Block Development Officer (BDO)/TDO	Member
3	Block representatives of Health (BMO/MO in charge of PHC/CHC)	Member
4	Block representatives of Departments of Education, Drinking Water & Sanitation, Rural Development, Food and Public Distribution	Member
5	Block representatives of Department of Planning Social Welfare officers at the block level	Member
6	Representative of Block/Nagar/Taluk Panchayat	Member
7	Principal, Anganwadi Training Centre	Member
8	Block level officer of MGNREGS	Member
9	Supervisors (5) on rotation basis	Member
10	CDPO, ICDS	Member- Secretary

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."

#### Annexure 12

<b>S.No</b>	<b>Role of Block Convergence Plan Committee</b>
1	Need assessment of essential interventions at the village/AWC level i.e. water, sanitation, food, health interventions, immunization, ANC/PNC, Vitamin-A, IFA, De-worming tablets, functioning of VHSNC, etc. and the availability of resources
2	The assessment at the Village level will be done by AWW and Supervisor in association with PRI representative under the supervision of concerned CDPO/DPO. CDPO/DPO would submit the inputs to the area SDM.
3	Consolidate and assess requirement of interventions at the block level
4	Considering the need, each line Department at the block level to propose their action plan at the block level for inclusion in the DCP
5	Involve PRI members actively in assessing the need and seek their suggestions
6	Submit the Block Convergence Plan to the District authorities for inclusion in the DCP and approval of DM

Source: Ministry of Women and Child Development, Government of India. 2018. "National Nutrition Mission: Administrative Guidelines."



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