

**PRIORITIZING NUTRITION IN INDIA**  
**THE SILENT EMERGENCY**



**A strategy for commitment Building and Advocacy**

**Submitted to**  
**The World Bank**

**Submitted by**  
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## List of Abbreviations

ANC	:	Ante Natal care
ANM	:	Auxiliary Nurse Midwife
AWC	:	Anganwadi Centre
AWH	:	Anganwadi Helper
AWW	:	Anganwadi Worker
CDPO	:	Child Development Project Officer
CLRA	:	Centre for Legislative Research and Advocacy
CS	:	Civil Surgeon
CSO	:	Civil Society Organization
CSO	:	Civil Society Organization
DC	:	Deputy Commissioner
DDC	:	Deputy Development Commissioner
DWSO	:	District Social welfare Officer
ICDS	:	Integrated Child Development Services
MDM	:	Mid Day meal Scheme
MLA	:	Member of Legislative Assembly
MP	:	Member of Parliament
MPCE	:	Monthly Per Capita Expenditure
MPR	:	Monthly Progress Report
NAC	:	National Advisory Committee
NCAER	:	National Council for Applied Economic Research
NFHS	:	National Family and Health Survey
NGO	:	Non-Governmental Organization
NHDs	:	Nutrition and Health Days
NSSO	:	National Sample Survey Organization
PGMDG	:	Parliamentary Group on Millennium Development Goal
PHC	:	Primary Health Centre
PRA	:	Participatory Rural Appraisal
PRI	:	Panchayat Raj Institution
PSE	:	Pre-school Education
RCH	:	Reproductive and Child Health
SES	:	Socio-economic Status
SNP	:	Supplementary Nutrition Program
STRAP	:	Supplemental Transportation Rural Assistance Program
THR	:	Take Home Ration
TINP	:	Tamil Nadu Integrated Nutrition Program



## Executive summary

Halving the prevalence of underweight children by 2015 is one of the key indicators of progress towards the Millennium Development Goal 1 (MDG 1) for eradicating undernutrition, hunger and poverty. Economic growth alone is not enough to reduce undernutrition and meet the nutrition MDG goal and direct investments and efforts to address the malnutrition are urgently required.

Nearly 47% of India's children are underweight, a third of India's children are born with low birth weights condemning them to a lower growth trajectory for life, nearly 45 percent are stunted (short height for their age), 75 percent are anemic, and 57 percent are Vitamin A deficient. And, progress in reducing undernutrition has been much slower in India than in many other countries with comparable socio-economic indicators. Much of this undernutrition happens in the first two years of life of a child, and the damage to brain development and future productivity is essentially irreversible. Undernourished children have higher rates of mortality, lower cognitive performance, and are more likely to drop out of school. Thus, not only is India lagging behind in progress towards the achievement of MDG 1, the high levels of malnutrition has implications for human development, especially among the poor and vulnerable sections of the population.

There exist significant inequalities across states and socio-economic groups. Even as political leaders and policymakers have acknowledged undernutrition as a serious problem, there is need for more concrete actions as well as a good understanding of the determinants of malnutrition, the challenges in addressing the complex problem and of evidence-based approaches that have been shown to improve malnutrition in varying contexts. An entire range of causes and existing structures of poverty, health, education, gender among others, are contributing to undernutrition. The dimensions of undernutrition, complex in their characteristics, vary along the axes of geographic location, gender, caste, and economy.

There is heightened political awareness of the problem of undernutrition and the need for urgent action. India has over the past three decades made considerable investments to improve the nutritional status of its women and children. India's primary program response to nutrition, the ICDS has been expanded several folds, yet reduction in undernutrition has been insignificant. The most recent National Family Health Survey showing the lack of improvement in undernutrition has drawn the attention of the highest levels in the government, including the Prime Minister and the Planning Commission, yet an understanding of the critical issues and the right focus and a commitment to action in the right direction is needed.

Undernutrition is often mistakenly perceived as a 'food alone' issue. It is not widely understood that while food security is a necessary condition to improve nutrition, in of itself, it is not a sufficient condition to eradicate undernutrition. Feeding, caring and health practices together are important for good nutrition.

Recognized as a 'silent emergency', there is an urgent need to highlight the problem of nutrition, raise the level of public and political discourse around the issue, and finally reposition it as a critical issue that is central to India's development agenda at all levels – national, state, district, local government and the community level. At the same time there is a need to engage a variety of stakeholders in the process - the executive, the legislature, the media, civil society and the community.



Seeking to reposition nutrition in public and political discourse, the 'Prioritizing Nutrition – A Strategy for Commitment Building and Advocacy' initiative, supported by the World Bank, was a pilot effort to demonstrate a set of strategic activities to build commitment for nutrition, raise the level of public discourse about nutrition, build a better understanding of the critical gaps and issues to be addressed and advocate for policy and program directions to address these to enhance the commitment for nutrition.

The 'Prioritizing Nutrition' initiative was constructed around a structured framework that attempted to create awareness about the social, economic, cultural/ political conditions sustaining undernutrition. Adopting a bottoms-up approach, one of the key strategies in the initiative was to sensitize stakeholders – from the grassroots to the national government - to strengthen social and political commitment at the state and national levels towards preventing and eradicating malnutrition.

The initiative worked using a framework with five strategic directions: i) to strengthen political and executive commitment to reduce undernutrition; ii) to align policy and planning with the drivers of undernutrition; iii) to strengthen institutions and systems to be more responsive and accountable; iv) to strengthen communities' and individuals' understanding of undernutrition build communities' capacities to demand their rights; v) and to increase the visibility of the issue of nutrition in the mainstream public discourse, encouraging public participation and intervention.

The initiative was implemented during August 2008 and September 2009 in one state, with a national component that linked the state experiences and strategies to the national level. Jharkhand -- a state that is one of the richest states in India in terms of mineral wealth and natural resources -- was for state level implementation. State level activities included participatory development of strategies and tools for advocacy, award of media fellowships for nutrition, state and regional workshops, and a state nutrition budget analysis and legislative assembly. At the national level, through partnership with a Legislative Research agency, Center for Legislative Research and Advocacy (CLRA) an analysis of parliamentary questions related to nutrition, resource gap analysis, advocating with parliamentarians and political leaders and a national consultation to share advocacy tools and experiences from the state level were undertaken.

Focusing on the nutrition status in the state of Jharkhand as well as throughout the country, national level consultations brought to the forefront coverage gaps that exist in terms of funds, resources and service delivery mechanisms. Taking into consideration state and national level implications of undernutrition, the consultations focused on promoting nutrition security by strengthening institutional mechanisms, introducing innovative advocacy approaches, ensuring government accountability and increasing funds for nutrition Programs/schemes.

At the state level, through six workshops, five regional and one state level, a range of stakeholders - community and caste leaders, representatives of government, policymakers, chamber of commerce, civil society organizations, health personnel, academics and media persons – were sensitized to nutrition issues and the disastrous consequences of persisting undernutrition. The workshops spread over different regions of Jharkhand highlighted the basic factors contributing to the severe state of undernutrition in the state. The sharing of experiences among community leaders, government officials, civil society organizations and doctors uncovered the obstacles in the way of policy/scheme implementation. The discussions highlighted the important linkages between feeding, caring, health practices and nutrition security and the importance of ensuring vigilant monitoring of the implementation of the Integrated Child





Development Services (ICDS) in the state and for the constitution of Nutrition Mission at state and national levels.

For the first time, this initiative successfully piloted involving traditional community leaders in commitment building and advocacy on nutrition. The community leaders had an opportunity to share with policymakers, government, administrative officials and civil society organization representatives the difficulties encountered in availing the benefits of the government Programs/schemes under operation. They also highlighted the need to involve village community/caste leaders in quality monitoring and making decisions at the block and village levels, to enhance the effectiveness of the Program/schemes.

Some significant outcomes of the 'Prioritizing Nutrition' initiative were achieved. Key achievements at the state level are described below:

An important outcome of the advocacy and commitment building efforts in the state was the development of a future plan of action to strengthen among others, the system of data collection and sharing, to involve community leaders and the media, to make nutrition education a mandatory component of all development activities.

The tools developed – video clips, the budgetary gap analysis, and a tool kit for nutrition advocacy – were effective in communicating key messages and in creating an understanding of the critical need to enhance efforts to improve nutrition by doing the 'right things', e.g., focus on the 'window of opportunity (minus 9 months to children up to two years; prevention of malnutrition; appropriate feeding and caring practices, and so on.

The media fellowships and the engagement with the media resulted in several articles in the media on nutrition. These raised the visibility of nutrition, highlighted the status of nutrition at the state and national level, and enhancing the quality of discourse on nutrition among policymakers and general public.

Advocacy with political leaders and representatives to build commitment for nutrition succeeded in bringing the problem of under nutrition into political discussion at state and national levels. Though imminent assembly elections in Jharkhand prevented advocacy from being conducted at the level earlier planned, the advocacy Program succeeded in bringing nutrition into the political/public discourse, giving the subject rare visibility. A significant achievement of state and national level political advocacy was the inclusion of nutrition in the Congress' state-level election manifesto.

At the national level too, the initiative succeeded in several significant actions described below:

The nutrition advocacy kit was incorporated as a part of a 'Parliamentarians Welcome Kit' developed by CLRA. It was launched on July 29, 2009 at the Constitution Club in New Delhi, in the presence of union and state ministers and followed by a discussion on prioritizing nutrition. The participants urged the need for political leaders and representatives to work with stakeholders at all levels. This kit is now shared regularly by CLRA with parliamentarians, especially new parliamentarians.

Separate meetings with the Honourable President of India, the Honourable Vice-president of India, the Minister of Women and Child Development which is the nodal ministry for nutrition in India and several Members of Parliament were held. These meetings were used as opportunities to highlight the status of nutrition, its consequences and the urgent need to address the problem, point out the gaps in budgetary allocations



for nutrition, the expenditures and coverage and to build commitment and support for nutrition.

While the above achievements are significant, it is recognized that an initiative of a short duration such as this one, can at best initiate a commitment building process, develop and demonstrate approaches, distill recommendations and lessons learnt for building commitment for nutrition. The approaches and strategies developed and implemented through a series of structured interactions have provided a series of recommendations and lessons for all stakeholders - political leaders, representatives, media persons and system officials at the state and national level – to reposition nutrition and make it central to the development agenda. The achievements, in order to have an impact on nutrition, must be continued and sustained at all levels, by strengthening the process of interactions with various stakeholders, at both the state and the national levels.

## I. Introduction

### Background

*“No other country comes close to India (in malnourishment). Most of the African nations have lower levels of child malnourishment. It is a situation of manifest injustice and we have the means to remove it but there is a certain level of smugness about India’s achievements. The most difficult and nasty thing about malnourishment is that it incapacitates the mind and debilitates the body.”*

*– Nobel Laureate and welfare economist, Amartya Sen*

Undernutrition worldwide kills millions and has been identified as a major contributor to impairing physical and mental capabilities of a vast majority of people, particularly those who have little or no access to resources, education and health. Continued undernutrition, both protein-energy undernutrition and micronutrient deficiencies, expose children to enormous risks, such as stunted growth, mental retardation and greater susceptibility to infections and diseases.

Recognized as a ‘silent emergency’, there is an urgent need for prioritizing nutrition in the public and political discourse, and repositioning it as a critical issue on the development agenda at all levels for building a better understanding of nutrition and its determinants – food and non-food. Tackling the problem requires the active involvement of families and communities, as well as political will at the national and international levels. Governments have to build widespread awareness of the roots and consequences of undernutrition, along with the ways of reducing it; they must spend more on clinics, clean water supply and sanitation. Women must also have greater access to education and economic resources.

Global Hunger Index (GHI) captures three dimensions of hunger: insufficient food availability, child malnutrition and child mortality. India ranks 96 in GHI, lagging behind Brazil (28), China (47), Thailand (58) and Vietnam (75). Since undernutrition is not evenly distributed, it must be challenged and fought at many different levels and structures. India has one of the highest malnutrition rates in the world – one-third of the children are born with low birth-weight, 43 percent of children under five are underweight, 48 percent are stunted, 20 percent are wasted, 70 percent are anemic and 57 percent are vitamin A deficient. WHO estimates that about 49% of the world’s underweight children, 34% of the stunted children and 46% of the wasted children, live in India.

India has demonstrated impressive, sustained economic growth. However, progress in reducing child malnutrition has been very limited. Not only has child undernutrition declined very marginally between 1998-99 and 2005-06, undernutrition in women too during the period has declined minimally, from 36 % to 33%, while anemia levels, have increased from 52 to 56 percent. Malnutrition is higher in rural areas, although even in urban areas the a third of the children are underweight. While 60% children from the poorest quintiles are stunted, and malnutrition rates are lower in the higher income quintiles, yet 50% of children in the middle income quintile are stunted.



In his speech on August 15, 2007, India's Independence Day, Prime Minister Manmohan Singh said, "The problem of malnutrition is a matter of national shame. We have tried to address it by making mid-day meals universal and massively expanding the Anganwadi system. However, success requires sustainment at the grassroots. Infants need to be breastfed, have access to safe drinking water and health care. We need the active involvement of the community and Panchayats to see that what we spend reaches our children. I appeal to the nation and the people to resolve and to work hard to eradicate malnutrition within five years."

Although India has a comprehensive nutrition policy since 1993 that outlines several direct and indirect policy instruments and interventions to improve nutrition, comprehensive action has been elusive. The primary focus of nutrition interventions has been on food supplementation, and on nutrition treatment versus prevention. There is inadequate attention to the critical non-food determinants of nutrition, such appropriate infant feeding and caring practices, health and hygiene, immunization, water and sanitation, micronutrient supplementation and fortification. Efforts are not focused on the "window of opportunity", i.e., from pre-conception to children under threes.

While policy articulates the need to reach the most marginalized population groups (invariably with the lowest nutrition levels) for universalisation of nutrition interventions, programs have not been able to reach them, despite the expansion and coverage in the poorer states and districts remains an issue. There is heightened political awareness of the problem of undernutrition and the need for urgent action. India has over the past three decades made considerable investments to improve the nutritional status of its women and children. India's primary program response to nutrition, the ICDS has been expanded several folds, yet reduction in undernutrition has been insignificant.

The most recent National Family Health Survey showing the lack of improvement in undernutrition has drawn the attention of the highest levels in the government, including the Prime Minister and the Planning Commission. Given that nutrition in India is a 'not so silent emergency', it does not find the place it deserves in public discourse and discussion. The media does not have a good understanding of undernutrition, the true drivers of undernutrition and most articles simplistically equate poverty and lack of food to undernutrition. Civil Society, local governments and public participation in nutrition discourse and programming is weak or misplaced. Capacity and power of citizens to exercise and realize their rights to water, sanitation, health, education, and to ensure accountability of service providers is limited and the low status of women and gender inequities undermine the role women can play in enhancing nutrition levels. At the same time, insufficient and ineffective decentralization of program planning and community engagement monitoring systems to ensure that programs deliver according to mandated entitlements.

## **The report structure**

This report provides a background of the situation of nutrition in India and the rationale of the initiative, presents an overview of the initiative, details the activities accomplished and the achievements in the state of Jharkhand, and at the national level and finally presents the recommendations and lessons learnt at the state and national level.

## II. Prioritizing Nutrition: an overview

The Prioritizing Nutrition initiative is situated against the above backdrop. It recognizes that policies which aim to increase nutrition level of Indians are developed at the national level, hence to create conducive environment to achieve the goal of nutrition secure nation it is important to have informed and sensitized political leaders, media and civil society at the national level. As health and nutrition, as well as the other sectoral aspects that impact nutrition are governed by state governments, building political and executive commitment at state levels is imperative. Additionally, the potential power of decentralized governance through Panchayati Raj Institutions provides an opportunity to bringing nutrition centre-stage to the village agenda.

### Objectives

The primary objectives of the initiative was to demonstrate a set of strategic activities to build commitment for nutrition, raise the level of public discourse about nutrition, build a better understanding of the critical gaps and issues to be addressed and advocate for policy and program directions to address these and enhance the commitment for nutrition.

### Strategic Directions

The initiative was constructed around a structured framework that attempted not only to build commitment around the issue of nutrition but also to create awareness about the social, economic, cultural/ political conditions sustaining undernutrition. The objective was to develop and test through this initiative - strategies/tools that could be used both at state and national levels. Essentially, the initiative, involving stakeholders aimed at drawing lessons in advocacy and giving nutrition the visibility it requires as a subject of discussion in the public domain.

Adopting a bottoms-up approach, one of the key strategies in the initiative was to sensitize the stakeholders – from the grassroots to the government, to strengthen social and political commitment at the state and national levels towards preventing and eradicating malnutrition. The initiative worked around a framework which strived to raise the level of discourse on nutrition in order to build a better understanding of the issue and the critical gaps in budgetary allocation and service delivery systems.

Based on this understanding the initiative, in a multi-pronged approach, adopted five strategic directions:

**Strategic direction 1:** Strengthening political and executive commitment to prevent undernutrition. The objective called for advocacy with political leaders, ministers in the union as well as the state cabinet, members of Parliament and legislature, and representatives of government at various levels. The aim was to raise the level and visibility of nutrition as a priority in debates on the floor of Parliament, assemblies as well as in public discussions.

**Strategic direction 2:** Aligning policy and planning with the drivers of undernutrition. The drivers of undernutrition include food insecurity, behaviours, access to services and properly utilizing the services available. The strategy strived for strengthened policy and planning at all levels of government in order to address the drivers of undernutrition and ensure a robust system is in place to prevent it.

**Strategic direction 3:** Strengthening institutions and systems to be more responsive and accountable to reducing undernutrition. The objective was to highlight in the course



of the initiative the crucial role, responsibilities and accountability of various institutions and systems from local to government levels, like the Panchayats, Anganwadi Centres, ministries, government departments of health, women and children, food and nutrition supply. At present, despite reiterations of commitment to nutrition by policymakers and political leaders, there is an acute need for better and concerted intervention.

**Strategic direction 4:** Strengthening communities' and individuals' understanding of undernutrition and building capacities to demand their rights. A crucial advocacy strategy was to involve traditional, influential tribal and caste Panchayat leaders with the aim to communicate better understanding of nutrition with its determinants – food and non-food. Part of this strategy was also to build capacities and skills to educate communities and workers about cost effective good caring practices.

**Strategic direction 5:** Increasing the visibility of the issue of nutrition in the mainstream public discourse, encouraging public participation and intervention. The media play an important role in initiating and advancing debates and discussions. The initiative aimed at sensitizing media persons and strategically using television, radio and newspapers to provide space and visibility to nutrition and its different dimensions in public discussions.

## Activities

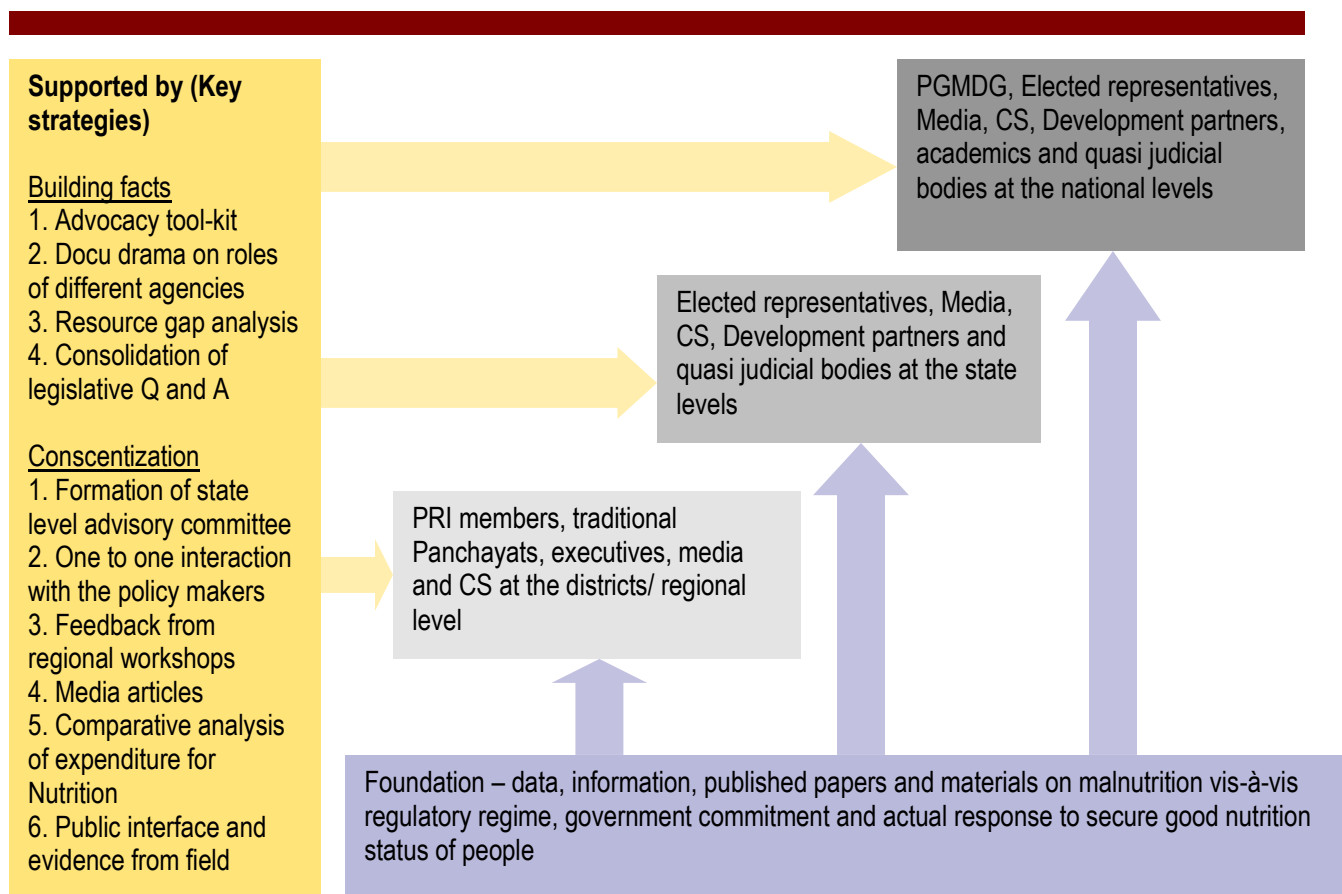
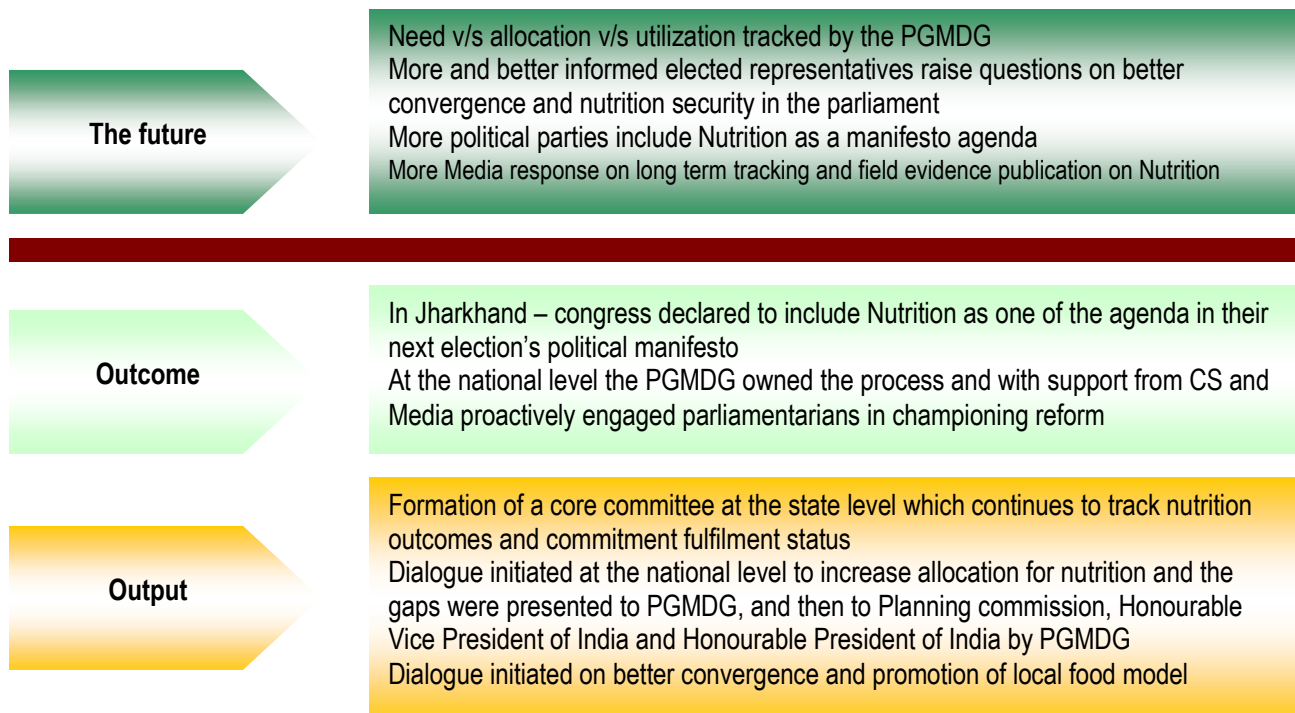
This was achieved through a set of activities at the state level, through six workshops, five regional and one state level, a range of stakeholders - community and caste leaders, representatives of government, policymakers, chamber of commerce, civil society organizations, health personnel, academics and media persons – were sensitized to nutrition issues and the disastrous consequences of persisting undernutrition. The workshops spread over different regions of Jharkhand highlighted the basic factors contributing to the severe state of undernutrition in the state. The sharing of experiences among community leaders, government officials, civil society organizations and doctors uncovered the obstacles in the way of policy/scheme implementation. The discussions highlighted the important linkages between feeding, caring, health practices and nutrition security and the importance of ensuring vigilant monitoring of the implementation of the Integrated Child Development Services (ICDS) in the state and for the constitution of Nutrition Mission at state and national levels.

At the national level the initiative developed and rolled out a nutrition advocacy kit which was incorporated as a part of a 'Parliamentarians Welcome Kit' developed by CLRA. It was launched on July 29, 2009 at the Constitution Club in New Delhi, in the presence of union and state ministers and followed by a discussion on prioritizing nutrition. The participants urged the need for political leaders and representatives to work with stakeholders at all levels. This kit is now shared regularly by CLRA with parliamentarians, especially new parliamentarians

Separate meetings with the Honourable President of India, the Honourable Vice-president of India, the Minister of Women and Child Development which is the nodal ministry for nutrition in India and several Members of Parliament and members of the Planning Commission were held.

A compilation of legislative Q and A was undertaken by CLRA and CARE, which helped the initiative to highlight the need for building common understanding of parliamentarians on nutrition and need for strong political commitment to address the issues of under nutrition at the highest political levels.

Figure 1 – Advocacy framework





### III. Prioritizing Nutrition in Jharkhand

#### Activities

The execution of the initiative included preparatory activities viz. data collection for state nutrition budget analysis, selection of state specific thematic areas for state and regional workshops, organization of twelve regional and two state level workshops, finalization of advocacy framework along with backup policy papers/ articles, selection of media persons for award of fellowship, identification of specific issues to be covered under this fellowship and finalization of the state nutrition budget expenditure analysis. On the basis of the available information, output of the regional workshops and various district, block and village level consultations a state level consultation with key state level stakeholders was organized to sensitize them and to initiate state level commitment building process for the cause of nutrition. These consultations further facilitated a strategy building process for furthering commitment building and advocacy for nutrition in the state.

#### 1. Consultation meetings / core team meetings

As an ongoing activity one to one interaction were held with the political leaders i.e. MPs, MLAs and district administration to discussion upon the nutrition concerns of the state. These interactions were aimed at sensitizing and awareness building to ultimately encourage them to plan and implement target oriented nutrition programs for the state and also raise these nutrition concerns in the assembly sessions.

As a result of the targeted activities the initiative and one to one frequent interaction with different stakeholders, the initiative was able to mobilize media, civil society, executives and judiciary to discuss on the issues of malnutrition in the state and a common public voice was raised, acknowledging Malnutrition as a silent emergency for the first time.

Several discussions and consultation meetings were held during the initiative period for planning, consensus building and review of initiative activities in the pre advocacy and advocacy phase. These consultations/discussions were also held with the purpose of sharing of knowledge and learning's and avoiding duplication of errors made in the past. Media Consultations were also organized with the participation of eminent media personnel across the state for a technical discussion on the situation of nutrition in the state. The advocacy toolkits utilized under the initiative were prepared, reviewed and finalized in course of these meetings.

Development and rolling out of Advocacy tool kit and CD on roles of different Stakeholders in addressing undernutrition - The advocacy toolkits known as the 'Welcome Kit', utilized during the initiative, were prepared, reviewed and finalized during the course of these meetings in the preparatory phase. The kit consisted of a video with four clips highlighting the role of stakeholders in reducing undernutrition. The kit also contained separate briefs on the extent and implications of undernutrition and the role of political leaders and the media in reducing and eradicating the problem. In addition, the kit included a Charter of Demands as well as an action brief on the essential nutrition





activities that are currently underway to combat undernutrition and meet the MDG nutrition goal

## 2. Workshops on Nutrition – building consensus on Nutrition in the state

A total of six regional workshops and one state level workshop on Commitment building and Advocacy for Nutrition were organized under the initiative towards an enhanced level of understanding of the key drivers of nutrition and proven approaches to address these, an increased level of public discourse on nutrition and an increased commitment to nutrition among the stakeholders/participants involved at different levels

The objectives of these workshops was to sensitize implementers, policymakers, NGOs, beneficiary community, Gram Pradhans, Academia, Media persons and all other stakeholders on the issues of infant , child and maternal nutrition, the implications of nutritional deficiencies and relevance of nutrition in the state The ultimate objective being to sensitize the participants on the severity of the nutrition situation in Jharkhand and the country as a whole and highlight the pertinent need for urgent action towards addressing this state of nutritional emergency, and persuade collective action towards the cause of malnutrition.

### 2.1 Regional Workshops

Regional workshops were organized in an attempt to gear the participants and persuade collective action towards the cause of nutrition in the region and eventually its impacts cascading into the state. In the initial planning all the five divisions in the state of Jharkhand were planned to be covered in these workshops not only to assess the inter district variations on a regional basis but also to ensure optimal coverage owing to the low levels of variations in human development indicators and cultural practices if viewed on a regional basis.

These workshops were organized in West Singhbhum, Giridih, Jamshedpur, Ranchi and Bokaro districts of Jharkhand. Regional Workshops offered an opportunity to meet with regional stakeholders, in order to discuss issues of mutual interest. The rationale behind organizing these workshops was to build a better understanding and raise the level of stakeholders discourse on the subject while sensitizing the participants on the severity of the nutrition situation in their region and highlighting the pertinent need for urgent action towards addressing this state of nutritional emergency.

#### Objectives of the Regional Workshops:

- Sensitization and awareness building about the nutrition related services/schemes of ICDS & Health Department.
- Assessment of gaps between availability and utilization of the available health services
- Discern inadequacy if any, to advocate Program / policy level amendments
- Sensitization and awareness generation about rights and entitlements towards enhanced demand and access of available services.
- Awareness generation among service providers about their roles and responsibilities
- Enhanced efficacy and effectiveness of the government schemes/Programs
- Ensure commitment building and due stakeholder participation towards addressing the cause of malnutrition.

#### The Participants:

The workshops witnessed an appreciable participation of the target community along with people's representatives' viz. **Pradhans** of different panchayats and **Adhyaksha** of the Pradhan Forum along with the traditional leaders like the Manki Munda in West Singhbhum. Jharkhand unfortunately happens to be the only state in the country where, the Gram Panchayat has not been formed to translate the three tier system of governance. The state however has direct democracy in the form of Gram Sabhas and some of the collectors have initiated formalisation of these institutions i.e. Gram Sabhas, Manki Munda Sangh in representative democracy & development Programs. Thus their participation for solicited in these workshops for advocacy and its cascading initiatives impacting these districts and beyond i.e. the State. Due representation from the regional Civil Society Organizations, media personnel and government officials/functionaries like the DC, DDC, CSs, DSOs (Supplied Dept.) , DSEs (Education dept.) , DWSO officials, DPOs and CDPOs(ICDS) and RCH officer was also seen at these workshops.

### **Discussions**

The workshops primarily dealt with nutrition and its importance, status of food and nutritional security in Jharkhand, nutritional Programs/schemes in Jharkhand, Supreme Court order and entitlements on various food and nutrition related schemes/Programs and detailed analysis of ICDS Monthly Progress Report (MPR) in the respective districts.

The workshops began with a brief inaugural address which apprised the participants of the objectives of these sessions. This was followed by a brief presentation on the definition of nutrition, its importance, undernutrition, measurement and impact on men, women and children and the nutritive value of the available and consumed food items. The status of undernutrition was discussed with reference to NFHS III data in order to drive home the gravity of the nutritional crisis and the imperative need for immediate redressal.

The various national/regional food security related Supreme Court directives and government schemes including ICDS, Mid Day Meal, Antyodaya, Annapurna, Rashtriya Bridhawastha Pension Scheme etc. in the workshop proceedings. The participants were informed of their rights and entitlements (beneficiary) in conjunction with the roles and responsibilities of service providers. The deliberations emphasized the alarming situation of neonatal mortality and called for concerted collective interventions to address the situation.

A block wise undernutrition analysis from ICDS MPRs of the respective districts was prepared and presented to the participants during the workshops to sensitize them on the nutrition situation prevailing in the district regions. This gave the participants an opportunity to express their concerns about the extent of undernutrition, after they were informed of the seriousness of the situation.

Various district level government functionaries made presentations on the relevant schemes being implemented by their respective departments to attain food and nutrition security. For example, the DPO and CPDOs discussed the objectives and the various services of the ICDS. They informed the participants of their rights and entitlements in the schemes to ensure enhanced demand and access to the services. They briefly shed light on the implementation and monitoring mechanisms of the scheme at the village, cluster, sector, block and district levels. The challenge such as poor infrastructure that may interfere with effective implementation was also discussed.

The RCH officer/civil surgeon discussed various Programs/schemes of the Health Department, including Routine Immunization, Diarrhea Control Program, MJSY, JSY, Anaemia Reduction Program, Malaria Control Program and Family Planning Program.

They informed the participants about the various monetary, nutritional and medical provisions and services available under these Programs/schemes along with the rights and entitlements due to the community. They also highlighted the achievements of some of the Programs/schemes.

The community leaders were encouraged to share the implementation of the earlier discussed schemes and Programs, highlight the gaps if any, and suggest ways to ensure people's participation in their effective implementation. The community leaders shared and emphasized the various difficulties encountered by the community in availing the benefits of the government Programs/schemes under operation. They spoke about the various misappropriations and discrepancies in Program implementation at the service delivery level. They requested government officials present at the workshops to ensure involvement of village community/caste leaders in quality monitoring and making decisions at the block and village levels, to enhance the effectiveness of the Program/schemes.

The concluding remarks at each regional workshop reiterated the importance of the role of the community and people's representatives in commitment building for nutrition. The remarks highlighted the importance of innovative use of forums at all levels to strengthen inter-departmental coordination and convergence to discuss and debate nutrition related issues.

### **Achievements**

The workshops spread over different regions of Jharkhand highlighted the basic factors contributing to the severe state of undernutrition in the state.

For the first time the 'Prioritizing Nutrition' initiative involved traditional community leaders in commitment building and advocacy on nutrition. The community leaders had an opportunity to share with policymakers, government, administrative officials and civil society organization representatives the difficulties encountered by the community in availing the benefits of the government Programs/schemes under operation. The traditional leaders highlighted the need to involve village community/caste leaders in quality monitoring and making decisions at the block and village levels, to enhance the effectiveness of the Program/schemes.

The sharing of experiences among community leaders, government officials, civil society organizations and doctors brought uncovered the obstacles in the way of policy/scheme implementation. The discussions highlighted the important linkages between feeding, caring, health practices and nutrition security.

## **2.2 State level Senior Stakeholders Consentization/Interface Workshop**

The state level workshop was organized in Ranchi, the state capital with a focussed agenda of lobbying, in partnership with other key stakeholders, consentizing and sharing critical facts with policy-makers to enable them to initiate discussion and appropriate action towards the cause of malnutrition in the state.

### **Objectives of the State level Consultation Workshop:**

- Commitment building of key stakeholders towards addressing the state of malnutrition in Jharkhand.
- Strategy formulation for effectively targeting the state's nutrition concerns through a participatory process at both system and community level.

- Enhanced efficacy and effectiveness of the government schemes/Programs

#### **The Participants:**

The workshop witnessed a convergence of policy-makers fraternity, representatives from Civil Society Organizations, medical practitioners and media persons. Key note speakers during the consultation workshop included Mr Subodh Kant Sahai, Member of Parliament, Union Minister for Food Processing Industries, Mr. Ajay Nath Shahdeo, Deputy Mayor, Ranchi Municipal Corporation, Dr Ajay Kumar Singh, former vice president IMA, Dr Haider, Head of the Preventive and Social Medicine Department, RIMS, Antu Hembrom, president of Manki Munda Sangh, West Singhbhum, Dr Suranjeen, State Representative, CINI.

#### **Discussions**

The workshop began with a brief introduction about its objective while sharing the key learning of the regional workshops organized earlier in five districts of Jharkhand. The speakers briefly deliberated upon the subject of consultation which included the topic of discussions that took place in the regional workshops. This was followed by an open house discussion in which each participant was encouraged to share his/her valuable experience as part of valuable inputs in forming a strategy to decide the way forward. A future action plan was then prepared by collaborating the inputs provided by all participants.

#### **Achievements**

For the first time policymakers, experts from the academia, the field of medicine, from Chamber of Commerce, civil society organizations came together on a common platform. A dialogue was initiated on the various complex dimensions of nutrition, its source, importance, factors that influence nutrition, and the impact of undernutrition on women, children and men. The discussions led to a candid sharing of information about the nutrition situation at the state and national levels and brought to the forefront some of the misconceptions that frequently arise about nutrition and food security.

The participants emphasized that the impact and food related Programs should have a systematic review. The workshop underlined an intrinsic co-relation between poverty and undernutrition and focused on the need for greater inter-departmental coordination and bridging of gaps in budget allocations and service delivery systems. The discussions led to a better understanding of nutrition and its various dimensions. On the one hand, these deliberations with experts in the field of nutrition provided to a wide range of stakeholders greater knowledge and information about the issue; on the other, the stakeholders could share their constraints with the experts. Media persons were provided with detailed information about the extent of malnutrition in Jharkhand. The workshop built commitment from all participants to work towards enhancing nutrition commitment, advocacy and to strive for greater collective action to eradicate undernutrition in Jharkhand.

### **3. Political advocacy**

A number of political leaders/elected representatives who have shown their concerns from time on the issue of malnutrition were approached during the period cut across different Political parties. Evidence based dialogue was initiated based on sharing NFHS III data as well as the experiences of CARE in the field. Also, an action plan, an advocacy toolkit and a cd of the docudrama specifically prepared for the purpose was



shared with them or ready reference and usage on possible action points in this regard. Several follow up meetings also took place with them to reinforce the messages

#### **4. Advocacy with the system**

Jharkhand is one of the states wherein the third phase of the INHP program is being implemented. The objective of the initiative is to reduce malnutrition and infant mortality. Advocacy forms one of the key strategies in the initiative. This advocacy initiative involves both community level/grassroots level advocacy as well as advocacy with system. Under the initiative specific forums have been established from the block top the state level with active participation from the department of Health and Social Welfare (ICDS) wherein CARE facilitates evidence based decision making on issues pertaining to malnutrition based on analysis of data emanating from the system's Monthly Progress Reports as well as CARE's specific monitoring tools. This has been found to be very effective in addressing issues around malnutrition.

This Prioritizing Nutrition program capitalized on the already established conducive environment for policy dialogue on the issue. In addition to this the members of the state bureaucracy like the Principal Secretaries and Directors of the varied govt. departments, Chief Secretary, Govt. of Jharkhand, Advisor to the Governor of Jharkhand and other people holding key portfolios at the policy making level were also approached at individual levels to advocate around the cause of malnutrition in the state.

#### **5. Media advocacy**

Mass media play a dominant role in generating debates/discussions around policy issues. By providing information and outlining the boundaries of deliberations, the media have the power to influence members of the general public, the community, opinion leaders and policymakers. As primary sources of information, they play a crucial part in shaping public discourse that eventually creates community rules and standards. Media advocacy in the Jharkhand initiative planned to strategically use television, radio and newspapers to promote public debate, generate support for changes in community norms and nutrition policies.

One of the primary objectives of media advocacy was to utilize the media to provide visibility to nutrition, and to use the influence of the media for coalition building, community organizing and policy advocacy. The objectives of media advocacy also included generating current Programs in the media to highlight the status of nutrition at the state and national level, and enhancing the quality of discourse on nutrition among policy makers and general public. The three target groups for media advocacy included persons/groups/organizations with power and influence to make important changes, key stakeholders in legislative, executive and judiciary and the general public.

One of the main components of media advocacy was sensitizing media persons to nutrition and the different dimensions of undernutrition. A two-hour media sensitization Program was conducted before proceedings began at each of the regional workshops. Attended by media persons from newspapers and television channels, these sessions focused on issues relevant to Jharkhand's nutrition. Prior to the meetings, the advocacy toolkit was distributed among media persons in order to acquaint them with the nutrition issues they were expected to highlight in their reports.

Members of print and electronic media were invited to each regional workshop not only to cover the event, but also to actively engage with the workshop participants. At the end of discussions at workshops a press release was prepared and distributed among





regular organizations. The workshop proceedings were widely covered by both sections of the media. These served in providing visibility to the issue of nutrition and to communicate about its various dimensions.

The regional discussions were a critical input in the process of familiarizing the media with nutrition and its different dimensions. Though the local media had been covering the subject, they lacked insight and updated information about undernutrition in the state, its various aspects, nutritional deficiencies, sluggish implementation of the schemes and the functioning of Anganwadi Centres etc.

Interactions with the media noticeably improved the quality of reportage. Their involvement in the regional workshops and familiarization with nutrition issues resulted in capacity building and an enhanced comprehension of the complexities around undernutrition.

## 6. Media fellowships

During the initiative, media fellowships were awarded to six journalists with the objective of increasing the visibility of nutrition as a subject in media articles and reports. The idea was to enhance understanding of malnutrition/undernutrition as a challenge and to promote a debate/discussion around the subject. Guided by the initiative's state core team, the media fellows were selected with care so that they would substantively contribute to creating and increasing awareness on the subject.

Topics of fellowships: The themes included maternal nutrition, infant/child nutrition, and nutrition among tribes/primitives tribes, Dalits, urban nutrition and, government interventions in nutrition and their impact. Reflecting the critical nutrition situation among women and children of all ages, the themes were selected in the course of meetings of the state core committee.

### Achievements and analysis of news articles

Five awardees published a minimum of four articles in their respective local dailies published from the districts of Deoghar, Chakradharpur and Ranchi. The reports focused on nutrition and its linkages with different categories - mothers, infants/children/adolescents, tribals /Dalits. The reports also discussed urban nutrition, government interventions and their impact.

As a result of the media fellowship 17 different articles were published in different newspaper at the state level and 20 articles were published in the local news papers. Four different clips were also developed by a fellow and a new channel Sahara Samay approach the fellow to for incorporating the clips in their news.

Media advocacy led to higher visibility of nutrition/malnutrition in the media

The focus of the reportage was on political intervention or the lack of it in combating undernutrition. Emphasis was laid on the particular plight of Dalits, on the lowest rung of the socio-economic structure, how hard they were affected by undernutrition. For instance, Khabarkhood, a local daily in Jharkhand reported on July 17, 2008: 'Nobody has a thought for the health of Dalits'. An editorial on March 29, 2009 focused on undernutrition and its impact on tribals. The reports highlighted the dichotomy between

Jharkhand's mineral rich economic status and the impoverished plight of its tribals, languishing in undernutrition, illiteracy, without virtually any access to public health system. It dwelt on the serious toll it was taking on women and children. 'Malnourishment stalks children,' said a report in The Pioneer, dated July 28, 2009,

quoting statistics from World Health Organization and NFHS III. Not only did the volume of reportage increase but they were more focused, bringing home the criticality of malnutrition.

A direct impact of the convergence of sensitization strategies among the political class and the media could be seen in the reports. They highlighted the Congress's inclusion of nutrition in the election manifesto and senior Ministers like Honourable Mr. Subodh Kant Sahay raised the issues in their speeches

## 7. Jharkhand state nutrition budget expenditure analysis

Budgetary allocations prima facie are an important indicator of the commitment of any government. Therefore a budget gap analysis was undertaken that the same can serve as a tool to examine and advocate on adequacy of budgetary provisions for Nutrition in the state of Jharkhand. This analysis was undertaken using data from the budget documents of the State Government, Annual reports of concerned departments presented to the Assembly every year, Economic Survey, Government of Jharkhand and CAG reports. While recognizing the limitations of this analysis<sup>1</sup> it was used to build commitment for strategic actions among political leaders, media, judiciary, executors at different levels and other important development stakeholders in the state of Jharkhand.

### Major findings and trend observed in the study

Revenue expenditure on Social security and welfare has increased significantly and also the actual expenditure as a percentage of the allocated expenditure has also improved

One encouraging trend has been that the Government has been increasing the proportion budget on Social and economic services and reducing the share of General services. During, 2003-04 almost 48.3% revenue expenditure was on General services but during 2004-05 it was 42 % of the total revenue expenditure and it almost remained stable. The Budget estimates of 2007-08 and 2008-09 proposed it to be reduced to almost 36 % levels. The share of social services was 34.6% which increased to 36.2% during 2004-05 and to almost 36.7% during 2006-07. The budget on nutrition is included in social services project.

The budgetary allocation on SSW has increased eight times in Jharkhand from Rs 91.73 crores from 2001-02 to Rs 753.5012 crores in 2008-09. This indicates that the budgetary commitments to social security have increased substantially in recent times. The revised expenditure also increased substantially and every year the revised estimates have been higher. But the problem has been that this revision has been unnecessary as actual expenditure has been less than budgetary expenditure every year. The utilization was only 28.67% of the revised budget during 2001-02 to almost 82.1% during 2006-07. But the other side is that almost 18% of the budget remains unutilized (Table II.2).

Expenditure trends of Supplementary nutrition under ICDS is not adequate

**Budget for SNP:** The allocation for the budget on nutrition is made separately under the head of SNP which is numbered 2236. This is part of the budget for Social Security and

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<sup>1</sup> **Limitations of the analysis:** The limited information and sometimes inconsistent data available in the public domain has been one of the limitations of the analysis. Besides, the analysis is limited to only two major schemes ICDS and MDM and has partly dealt with the provisions for the iodized salt. Only the budget pertaining to nutrition components has been analyzed so the analysis does not include other expenditures like construction of Anganwadi centres administrative costs or construction of kitchen sheds, purchase of utensils etc. The analysis only reflects the trends and also the commitments of the State Government.

Welfare. It is worth noting here that during 2001 -02 around 9.8 % of BE SSW was allocated for SNP which increased to almost 40.5 % during 2005-06 and then getting reduced to 21% during 2008-09. Thus around 20-25 % of the budget on SSW is currently being spent on SNP which is quite encouraging. As compared to 2001-02 it has shown a substantial increase. This has been primarily due to the SC orders.

Trend of allocations for SNP: It is important to note here that the figures given by CAG and the GOJ in their Annual Financial Statements do not match .It may be due to accounting problems. Earlier, the allocation for SNP was provided by the states under ICDS while other expenses were given by Central Government. The allocation on SNP has increased manifolds in the state. The allocation was around Rs 10 crores during 2001-02, which was reduced to Rs.5.9932 crores during 2002-03 to almost Rs 200.6 crores during 2008-09. The coverage has increased in recent times and the Central government has also increased its contribution also.

Non utilization of funds as pointed out by CAG: CAG has also pointed out the GOJ in the initial years was not able to utilize the allocated funds: The data given by CAG and given above do not match with what has been reported in the financial statements of the GOJ. The data by CAG are more detailed and reliable. The CAG (2005) report has pointed out that during the period 2 001-05 Government could utilise only Rs. 239.29 (70 percent) crores out of Rs. 340.15 crores.

Inadequacies of Unit level allocations in SNP : There has been debates whether the current levels of supplementary nutrition provided under the program is sufficient for meeting the nutritional deficiencies .The gaps vary across regions of the country and across communities , one uniform allocations is hardly sufficient. As pointed out earlier one of the important concerns has been that the required calories have not been made available to the beneficiaries.

Expenditure trends of mid day meal – vicious cycle of hunger and under-nutrition

There are at least three critical issues pertaining to finances and allotment .These need consideration for proper implementation of MDM in Jharkhand in terms of both quality and regularity of the schemes

- I. The conversion cost has been very marginally revised by 8 paisa per beneficiary which is highly insufficient taking into the recent rise in prices of oil, spices, fuel and pulses which has increased by almost 25-30%. This reduces the quality of food served or encourages over reporting and justification for leakages
- II. The remuneration paid to the cooks and assistant cooks is very low. They have to spent 4-5 hours per day in cooking, cleaning and serving food .In the schools where the number of students is small , the remuneration works out to be very small
- III. The release of installments from GOI is sometimes delayed, which further delays the releases from the state to districts and to VECs. So at times there are shortages of funds and at times shortages of grains.

Fluctuation in budget allocation and expenditure for Iodized salt (huge gap between allocation, requirements and utilization)

GOJ has also introduced a scheme for providing iodized salt to families belonging to BPL and Antodaya at a subsidized rate through PDS. The budgetary allocation has increased almost 10 times in the sate from Rs 3.5 crores during 2004-05 to Rs 35.9 crores during 2008-09. For two years 2004-05, RE has been higher than the budget



estimates but in successive years the gap has narrowed down. The actual expenditure reported during 2003-04 was Rs 3 lakhs, which increased to Rs 9.88 crores during 2004-05 and decreased to Rs 1.10 crores, the successive year. The figures for 2006-08 have not been reported in the budget documents. The fluctuations have been quite high in allocations and expenditure. One of the important things have been that during 2004-05, the actual expenditure reported was more than even the RE but in succeeding year the reported figures were even less than the BE.

### **Critical points for Advocacy and recommendations to the policy makers**

The analysis of budget on nutrition clearly indicates that both the allocation and the expenditure on various nutrition programs like supplementary nutrition under ICDS, MDM and schemes like iodized salt in the state have increased substantially. This has primarily due to increased allocations of the Central Government. A significant part of this allocation has come out of the orders from the SC. This has been one of the reasons there has been lack of political ownership and sensitivity on the programs in the state. All the orders mention that the implementation is in pursuance to the orders of the SC in case number 196/2001.

1. The reporting of budgetary figures requires more caution and consistency in the state. The allocation on one head given in one budget document does not match with the figures given in the successive budget. reported The budget formulation exercises also require better monitoring and planning. The actual expenditure figures in many years turn out to be less than the even the BE but additional demand for the same heads are placed before the State Assembly.
2. As it happens with the fiscal measures, there is a considerable recognition and action lags. This is reflected in the fact that in spite of the inflationary pressures the rates were not revised. It is ironic that although in the same period the MLAs got their privileges revised several times, the dearness allowances for all government employees were increased a number of times, the wages were revised under VI the Pay commission recommendations the concerned officials but the revisions were not made for the poorest in the state. This also reflects the sensitivity of the state towards the issues of malnourished and the poor.
3. It also reflects deficiencies in proper financial monitoring and feedback mechanisms in the state. A number of times demand for revisions were made but constantly ignored. Besides, there is urgent need to utilize at least the budgetary allocation. Although the utilization has improved in recent years yet almost 20% of the funds are not getting utilized which indicates deprivation of supplementary nutrition to most needy in the state.
4. It is important to have a coordinated mechanism for dealing with the virtual nutritional emergency in the state. The coordination of at least five departments are very crucial namely Disinter and relief, SSW, HRD, Drinking water and sanitation Health and Civil supplies. A Cell at the state and district level for monitoring the nutritional security and alleviating measures.
5. There is urgent need to reduce the lags in circulars and their implementations at the ground levels. A system of e- transfers of funds to the districts can well be tried so that at least one stage delay is reduced. It is also important that the revisions are automatically linked to revisions of DA of the government employees which can partially offset the impacts of inflation.

## IV. Prioritizing Nutrition at the National level

The design of the Prioritizing Nutrition initiative had envisaged linking of the state level efforts for repositioning nutrition to the national level, so as to demonstrate a commitment building and advocacy model in the country that would include advocacy efforts at each level – from the community level right up to the national government level – get a feel of the success and learn from what could be strengthened. Thus the national level activities included use of the advocacy tool developed at the national level with due adaptation as needed, sharing the experiences from Jharkhand at the national level, bring key stakeholders at the national level for a discourse on building commitment for nutrition collectively, implement approaches for political advocacy at the national level. Key activities and achievements at the national level are described in the following sections.

### 1. Political Advocacy

**Partnership building:** For effective political advocacy, it was important to form partnerships and leverage organizations with expertise and experience of political advocacy. Therefore, CARE formed a strategic partnership with CLRA. This partnership provided the use of a ready platform for political advocacy and access to forums to engage with the Honorable President and Vice President of India, key ministers, parliamentarians and members of the Planning Commission to present nutrition related issues and lend it higher visibility and build support for nutrition.

**Meetings with High level political leaders and officials:** Separate meetings with the Honourable President of India, the Honourable Vice-president of India, the Minister of Women and Child Development which is the nodal ministry for nutrition in India, key members of the Planning Commission, and several Members of Parliament were held. These meetings were used as opportunities to highlight the status of nutrition, its consequences and the urgent need to address the problem, point out the gaps in budgetary allocations for nutrition, the expenditures and coverage and to build commitment and support for nutrition. These opportunities were facilitated by CLRA, thus the value of forming this strategic partnership was amply demonstrated.

**Toolkit for Parliamentarians:** The nutrition advocacy kit, developed in Jharkhand was incorporated as a part of a 'Parliamentarians Welcome Kit' put together by CLRA. It was launched on July 29, 2009 at the Constitution Club in New Delhi, in the presence of union and state ministers and followed by a discussion on prioritizing nutrition. The participants urged the need for political leaders and representatives to work with stakeholders at all levels.

### 2. Compilation of legislative Questions and answers raised in the Indian parliament

Questions and answers pertaining to nutrition raised in the Indian Parliament during August 2008 to September 2009 were compiled from the Parliamentary websites and recommendations were finalized through discussions with two Rajya Sabha members namely Smt. Viplove Thakur (member of PGMDG) and Dr. Anup Kumar Saha

**The Questions:** The compilation indicated that over 32 questions were raised during the period. These were raised by 26 parliamentarians and pertained to issues relating to: supplementary feeding for women, children and adolescent girls; the high malnutrition rates in India and the country's position on the Global Hunger Index, expenditure on



treatment of diseases due to high malnutrition rates among children and pregnant/lactating mothers, government's commitment to set up a council on nutrition challenges at the national level, increasing level of hunger and malnutrition deaths in the country and a plea to end hunger and malnutrition in the country, high levels of anemia, ICDS – allocations, its shortcomings, ineffectiveness, coverage, need for restructuring of ICDS.

The answers: The questions were answered by the two ministers of the ministry of Women and Child Development during the period, Smt. Renuka Chowdhury and Smt. Krishna Tirath. Answers to the questions were provided along with data and information to support their answers against these questions.

Though the questions varied from state specific allocations, to child death to India's position on the Global Hunger Index and interconnected questions like link of malnutrition with Anemia and effect of malnutrition on the country GDP and government's schemes to prevent malnutrition and end hunger, the concerned Ministry was able to answer the questions and present steps to address the silent emergency in the country (see annexes for detail answers)

### **Findings and Broad recommendations**

During the last twelve months' time the parliament of India witnessed more than thirty questions on malnutrition situation of India. Despite having many party's representation the parliament showed that the country is ready for change and development above the party politics is the highest agenda of the Indian parliament.

Though the questions always were a little food security centric and analysis shows that questions related to human rights, nutrition security and prevention of malnutrition is merely at 15 – 20%. The parliament's major focus till date is to ensure quality food and ending hunger through which the legislatures attempt to address the issues of malnutrition and undernutrition in the country.

It was clearly visible that the legislators have access to quality data and information to ask questions and seek clarifications on effectiveness of system across levels. But, it was felt that legislators' perspective on the issues of nutrition security and prevention of malnutrition to be built for more effective and responsive governance. Few recommendations are given below, which may help the parliamentarians to address the issues of malnutrition in the Indian context –

- I. Specific efforts to be adopted to build the capabilities of the parliamentarians on issues of nutrition security and prevention of malnutrition
- II. Raise Questions in Zero Hour if above demands are not met or cases are reported from their constituencies
- III. Seek attention of Parliamentary Standing Committee on critical issues on malnutrition
- IV. Give notice for Adjournment Motion on those critical issues where demands have gone unanswered/ unaddressed
- V. Parliamentarians across political parties can call for Cut Motion on budgetary demands

### **3. National Consultation on Prioritizing Nutrition:**

CARE organized a National Consultation on nutrition on September 23, 2009 at the India International Centre Annexe, New Delhi. The broad objectives of the consultation were



to make nutrition security a top concern on the political and decision making agenda, raise the visibility of nutrition in political/public discourse, highlight the stark nutrition situation in Jharkhand, share the Jharkhand experience of commitment building at the various levels, and to share successes, challenges and lessons learnt during the Prioritizing Nutrition initiative.

The national consultation brought together several stakeholders with key roles in nutrition – Union Minister for Women and Child Development (WCD), Ms. Krishna Tirath, several members of Parliament, senior officials from the Ministry of Women and Child Development, representatives of civil society organizations, representatives of international agencies working on nutrition, academia, and a range of stakeholders from Jharkhand who had engaged with the Jharkhand experience.

### **Highlights of the consultation proceedings:**

It began with the inauguration and launch of a docu-drama ‘Aisa Bhi Hota Hai’ (This Too Happens), a video-clip developed in Jharkhand. Set against a rural backdrop, the film is divided into four capsules - each one elaborating the impact stakeholders including Parliamentarians, civil society organizations, media and community leaders can have in countering malnutrition in their individual and associative capacities. The film whose context is rural calls for convergent action to prevent malnutrition. The docu-drama was launched by Krishna Tirath,

The inaugural panel included Ms. Krishna Tirath, Union Minister for Women and Child Development; MP Ms. Viplove Thakur, Joint Secretary, Ministry for Women and Child Development; Dr. Shreeranjana; Mr. Gerard La Forgia, Lead Health Specialist, the World Bank; Mr. R.N. Mohanty and Mr. Mukesh Kumar from CARE. The panelists presented their views on nutrition, which was then followed by a detailed presentation by Mr. Mukesh Kumar on the existing nutrition situation in India. A survey completed by CARE, spread over 14,000 households assisted this presentation. Smt. Tirath and Smt. Viplove Thakur suggested organizing a training workshop for the Parliamentarians in order to educate them about nutrition and to enable them to effectively meet the challenge of undernutrition in their respective constituencies. Inputs from Gerard La Forgia, accompanied by the global perspective that he presented, were welcomed by the audience and fellow panelists

In her keynote address, Ms. Krishna Tirath highlighted the need to recognize the extent of the problem. She stressed that India’s poor performance on nutrition emphasized the need to universalize access to ICDS to combat undernutrition. “This (ICDS) approach will not only focus on increasing the number of Anganwadi Centres, but it will endeavour to provide quality services to the Indian people, in every corner of the country,” said Ms. Tirath.

Smt. Viplove Thakur, Rajya Sabha MP and Co-Convenor of the Parliamentarians’ Group on Millennium Development Goals (PG-MDGs), in her address strongly emphasized the need to create a political will to address the pressing issue of undernutrition. She observed that it was important for political functionaries at all levels to be involved in the struggle to make India not only food but nutrition-secure too.

This was followed by a presentation on the resource gap analysis, undertaken as part of the national level activities. This was followed by an animated discussion that concluded in acknowledgement of the fact that the gaps were significant and action to fill these required significant advocacy, higher resource allocations, stronger program efforts, strengthened monitoring and evaluation, greater inter-sectoral coordination, and



participation of communities in program monitoring. Details of the Resource Gap Analysis are described in the next section.

A panel discussion on the role of various stakeholders in improving nutrition, moderated by Ms. Ashi Kathuria, Senior Nutrition Specialist, highlighted the potential for several critical actions that stakeholders could take to improve nutrition. Dr. Kakoli Ghosh Dastidar and Dr. Anup Kumar Saha, both members of Parliament and doctors by profession contributed richly to the discussion. They spoke respectively about the importance of improving maternal nutrition and reducing maternal mortality by focusing all the contributory factors and their effects on the lives of women and children, the most vulnerable of the population and the need to focus on the holistic meaning of undernutrition. Ms. Nayna Chowdhury from Sir Dorabji Tata Trust, representing civil society organizations on the panel, discussed the difficulties faced by civil society organizations and underscored the need for civil society organizations and government to join forces to make India nutrition-secure. Anand Madhav from Jagaran Pehel, a leading media conglomerate in the country, spoke about the significant role of the media to spread awareness about nutrition and raise regularly a public discourse on nutrition.

The final panel session focused on prioritizing nutrition in Jharkhand. CARE had conducted a state consultation in Ranchi in which several state organizations had created an action plan. The findings drawn up during the course of the state consultation were placed at the national consultation with the aim to use the lessons and experiences of Jharkhand as important inputs in forming an action plan.

The panel discussion, moderated by Dr. Meera Shiva, included Dr. Ramesh Sharan (a renowned professor in economics from Ranchi University, presently also Supreme Court's advisor on food security for Jharkhand), Mr. Antu Hembram (Head of Manki Munda Association from Jharkhand's Chaibasa district) and Mr. Sujeet Ranjan (CARE State Director). The discussions reflected the diverse experiences of the panelists - their rich experience of field level understanding, the perspective of the academics and observations and experiences of traditional community and caste leaders. Dr. Ramesh Sharan and Sujeet Ranjan presented the work conducted at Jharkhand to prioritize nutrition at the state level, highlighting the critical nutrition situation in the state with the help of dates and information provided by research, field studies and the "Prioritizing Nutrition" project.

Mr. Antu Hembram elaborated the roles of the traditional caste panchayat system in Jharkhand in raising demands, monitoring services and outcomes at the local levels. He categorically stated that the government alone cannot change the nutrition situation, elected representatives, local bodies and civil society must work in tandem to eradicate undernutrition. Mr. Kolhan presented the work done by Manki Munda in the Kolhan region of Jharkhand to achieve nutrition security, by combining available public/private sector services and monitoring the outcomes through the traditional village level systems.

Concluding the session, Dr. Meera Shiva focused on the need for convergent action. Dr. Shiva appealed to the gathering to focus on the value of local resources available in different parts of the country that could be utilized to improve nutrition status.

## 4. Resource Gap Analysis

This analysis served as one of the advocacy and commitment building tools. It was undertaken with the purpose of highlighting to the policy makers, Programs, legislators, the gaps in terms of financial resources – their allocation and expenditures, human resources for delivery of nutrition services, program coverage – geographical and beneficiary, of India’s flagship nutrition program, and the relative priority of the ICDS in the Union budget. Key points from the resource gap analysis are as follows:

### Coverage gap

The table, based on NFHS data 2004-05, given below captures the limited success of ICDS in reaching the target population. The data reveals while 81% children lived in areas that were covered by the ICDS, only 32.9% were able to access any of the services provided by the Program. The remaining 19% of the areas where ICDS services was not available (Note: ICDS is in the process of expanding its presence to cover all the development blocks in the country) were likely to be Dalit or Tribal hamlets, which were in urgent need of ICDS services. The table below highlights the poor coverage of nutrition and health services.

**Percentage of Children who received services from ICDS -2005-06**

Type of services	Percent covered
Availed any service from AWC	32.9
Supplementary nutrition:	
Not at all	73.5
Sometimes	26.5
Almost daily	11.9
Immunization (not even one antigen)	80
Monthly health check-up	17.8
Regular weighing	18.2
Pre-school activities	22.8
Children whose mothers received supplementary food during pregnancy	20.5
While breast-feeding	16.5
Children whose mothers received a health check-up During pregnancy	12.3
While breast-feeding	8.5

*Note: This data relates only to children <6 years who live in an area covered by an AWC.*

*Source: Saxena (2009)*

The data shows that there were 11.8 crore of children aged 0 – 6 years not covered by ICDS in 2006-07. The figure marginally came down to 10.9% in 2008-09. This is despite the fact that the number of children aged 0 -6 increased from 5.82 crore to 7.22 crore.

Taking cognizance of the service gaps, several studies have noted that the under-coverage is severe in poor states and backward districts. Moreover the coverage gap is concentrated among marginalized socio-economic groups (Sinha, 2006 and Gragnolati

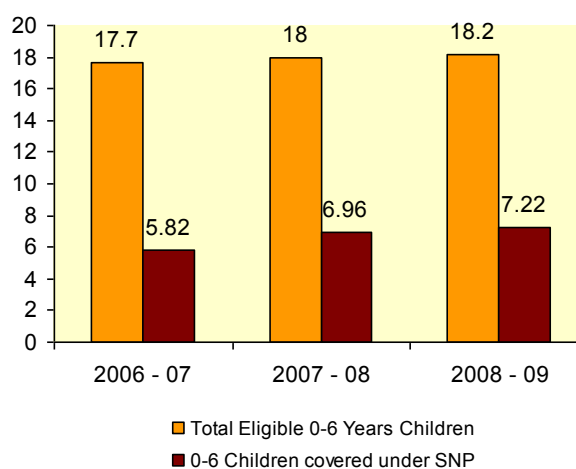




et al, 2006). Further the shortage in coverage is most likely to affect settlements with Dalit and Tribal populations (Commissioners, 6<sup>th</sup> report). Even when Scheduled Caste, Scheduled Tribe communities have been officially covered by ICDS, they are unable to access the services. This is primarily because a large number of Anganwadi Centres are located in areas inhabited by dominant castes and religious groups (Kumar, 2009 and Mander, 2007).

A state level coverage gap analysis of 2008-09 showed Uttaranchal, Punjab, Gujarat, Uttar Pradesh, Kerala, Haryana, Rajasthan, Jammu and Kashmir, Orissa and Bihar as the poorest performing states in relation to ICDS coverage. The percentage of uncovered children, eligible for ICDS service, ranged from 67 in Uttaranchal to 80.9% in Bihar. The results are shown in the table below.

### Children 0-6 Years (in crores)



Source: Ministry of Women and Child Development and Census 2001

Note: Calculations based on projected population for these years taken from Census 2001 and proportion of 0-6 children based on Census 2001 (15.90%)

### Coverage gap: Ten poorest performing states 2008-09

S. No	State	Percent of 0-6 children left uncovered
1	Uttaranchal	67.8
2	Punjab	68.4
3	Gujarat	70.0
4	Uttar Pradesh	70.2
5	Kerala	70.3
6	Haryana	72.4
7	Rajasthan	74.8
8	Jammu & Kashmir	76.6
9	Orissa	80.2
10	Bihar	80.9

Source: 11<sup>th</sup> Plan and Ministry of Women and Children

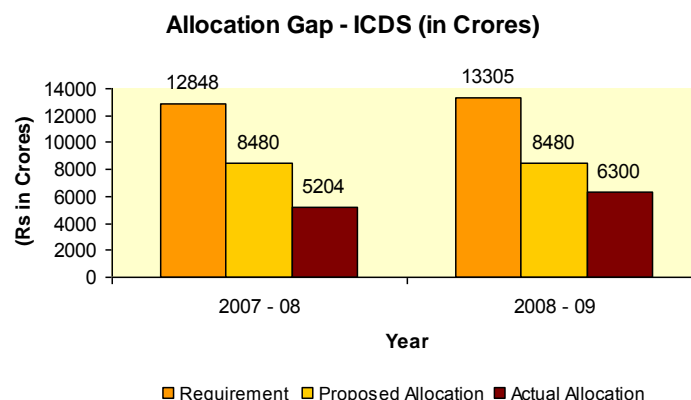
### Universalization gap

In view of the grave nutrition situation, the Supreme Court in 2006 ordered universalization of ICDS. The 11<sup>th</sup> Plan in turn budgeted for 14 lakh AWCs. This however was still short of the requirement of 17 lakh AWC as estimated in a recommendation of the National Advisory Council (NAC). Most importantly, progress was slow even if assessed against the target of 14 lakh AWCs set by the 11<sup>th</sup> Plan. The expansion of AWCs continues to be sluggish.

The state-level analysis of universalization gaps shows high state-level variation. States which met 50% of the universalization target include Rajasthan, Orissa, Uttar Pradesh, Madhya Pradesh, Delhi, Bihar and Assam.

### Allocation gap

Significant allocation gaps remain even if adequacy of funds is assessed on the basis of planned allocation in the 11<sup>th</sup> Plan, based on the earlier expenditure norm. The 11<sup>th</sup> Plan decided on an allocation of Rs 8480 crore during the plan period. However the actual allocations made in 2007-08 and 2008-09 were respectively Rs 5200 crore and Rs 6300 crore. This showed that only 61% and 74% of the planned funds were allocated during 2007-08 and 2008-09.



Source: 11<sup>th</sup> Plan and Ministry for Women and Child Development

### Expenditure gap

There is a huge gap between actual and desirable expenditure, even when the situation is assessed on the basis of the current stage in universalization and coverage. The funds allocated and actually spent per child under the ICDS is very low, when evaluated in the context of norms of expenditure decided by WCD. With the present level of coverage, the ICDS required an allocation of Rs 12848 crore in 2007 and Rs 13305 crore in 2008. The calculations were based on the norm of Rs 4.00 for children and Rs 5.00 for lactating mothers. The actual funds allocated however stood only at Rs 5204 crore (41%) in 2007 and Rs 6300 crore (47%) in 2008.

### Person power gap

The shortfall in ICDS centres is further compounded by shortage of AWC personnel, even at the administrative level where the Program is monitored.

A widespread problem in ICDS is lack of supervisory structure. As of September 2006, 37.3% and 39.9% of sanctioned posts for Child Development Project Officers (CDPOs) and supervisors were vacant (Commissioners, 7<sup>th</sup> report). State wise data shows high disparity among states with more than 50% vacancies in some states (Commissioners, 6<sup>th</sup> report). Eighty three percentage and 86% of ICDS projects in Uttar Pradesh and Rajasthan did not have adequate supervisory structure which left ICDS virtually without supervision and monitoring (Commissioners, 6<sup>th</sup> report). The condition since then has marginally worsened. As in March 2009, 40% of sanctioned posts of CDPOs and 45% of sanctioned posts for supervisors remained vacant. State level variations have however come down during this period.

Apart from human resources, the ICDS suffers from lack of trained staff. An evaluation of ICDS by National Council for Applied Economic Research (NCAER) shows that although 84% of Anganwadi workers had received some form of training, most of them had received only pre-service training. A significant gap in the provision of in-service training rendered Anganwadi workers unable to deliver the integrated package as envisaged in the ICDS.





Similarly, a performance review during 2006-07 of state training Program Supplemental Transportation Rural Assistance Program (STRAP), based on the analysis of Quarterly Progress Reports (QPRs) received from 29 states/ union territories in March 2007 poor levels of 'job' and 'refresher' training of Anganwadi workers. Against the targets set, only 44% of Angawadi workers, 30% of supervisors, 19% CPDOs and 31% Anganwadi Helpers (AWHs) were given 'job' training. Fifteen states/union territories achieved less than 50% of targets set for 'job' training.

### Priority gap

The table below shows that the percent of Gross Domestic Product (GDP) spent on ICDS and the percent of union budget spent on ICDS in 2008-09 was very low with 0.1% and 0.75% respectively. Given the extent of the problem of undernutrition these figures are particularly stark. Moreover, the percent spent on ICDS remains more or less the same every year. The percent of GDP spent on ICDS has been around 0.1% since 2006-07 while it has been 0.7% of the annual union budget.

**ICDS Expenditure vis-à-vis Union budget and GDP**

<b>Expenditure heads (in crore)</b>	<b>2005-06</b>	<b>2006-07</b>	<b>2007-08</b>	<b>2008-09</b>
<b>Expenditure on ICDS</b>	3326	4088	4857	5665
<b>Total union Budget</b>	508705	581637	709373	750884
<b>Expenditure as percent to annual union budget</b>	0.65	0.7	0.68	0.75
<b>GDP at current price</b>	3586744	4129173	4723400	5426277
<b>Expenditure as percent to GDP</b>	0.09	0.1	0.1	0.1

*Source: HAQ Centre for Child development (2009), Ministry of women and child development and Economic survey.*

### Achievements

The nutrition advocacy kit was incorporated as a part of a 'Parliamentarians Welcome Kit' developed by CLRA. It was launched on July 29, 2009 at the Constitution Club in New Delhi, in the presence of union and state ministers and followed by a discussion on prioritizing nutrition. The participants urged the need for political leaders and representatives to work with stakeholders at all levels. This kit is now shared regularly by CLRA with parliamentarians, especially new parliamentarians.

Separate meetings with the Honourable President of India, the Honourable Vice-president of India, the Minister of Women and Child Development which is the nodal ministry for nutrition in India and several Members of Parliament were held. These meetings were used as opportunities to highlight the status of nutrition, its consequences and the urgent need to address the problem, point out the gaps in budgetary allocations for nutrition, the expenditures and coverage and to build commitment and support for nutrition.

While the above achievements are significant, it is recognized that an initiative of a short duration such as this one, can at best initiate a commitment building process, develop and demonstrate approaches, distill recommendations and lessons learnt for building commitment for nutrition. The approaches and strategies developed and implemented through a series of structured interactions have provided a series of recommendations



and lessons for all stakeholders - political leaders, representatives, media persons, and system officials at the state and national level – to reposition nutrition and make it central to the development agenda. The achievements, in order to have an impact on nutrition, must be continued and sustained at all levels, by strengthening the process of interactions with various stakeholders, at both the state and the national levels.

## V. Lessons learned and Recommendation

The 'Prioritizing Nutrition' initiative formulated strategies for commitment building and advocacy at state and national levels while engaging stakeholders at all levels, in order to reposition nutrition in public and political discourse. The effort also provided visibility to the issue of undernutrition in public and political discourse. The initiative worked towards commitment building and strengthening institutions and Programs that play crucial roles in improving the status of nutrition across the country.

Through a process of discussions, presentations, data collection, preparation of advocacy kits, the year-long initiative succeeded in drawing the attention of all stakeholders to the enormity of the problem of undernutrition and the dire need for concerted interventions by all. The initiative scaled up the visibility of nutrition at all levels – political, systems, media and community.

The 'Prioritizing Nutrition' initiative was structured in a manner to conduct the broadest possible discussions and interactions with all sections of stakeholders at all levels. For the first time, traditional community and caste leaders participated in dialogue/discussion around nutrition. Besides repositioning nutrition in the discussion/debate, the initiative provided the stakeholders with an opportunity to engage with each other in a candid manner. As a result of these interactions at all levels, it was possible to identify some of the major hurdles that obstruct proper implementation of nutrition projects.

The initiative initiated several innovations including mobilizing community leaders, sensitizing political parties, political representatives, and government officials and media persons to nutrition concerns. It achieved the objective of establishing innovations at all levels to reposition nutrition and to emphasize the cost-effective health and behavioral practices required to achieve good nutritional status. However, in order to sustain the achievements to lead to a dramatic reduction in undernutrition, strengthening the process of interactions with various stakeholders at both the state and national levels is necessary. Given the short timeframe of the initiative, the achievements are intended to intensify the advocacy efforts being made by other organizations.

During the initiative, discussions at community, regional, state and national levels, engagement with stakeholders from political parties, government, civil society organizations, medical professions and the media led to the formulation of important recommendations in order to achieve nutrition security. Though conducted in Jharkhand, the 'Prioritizing Nutrition' initiative had a component that linked the state level experiences to the national level. Having emerged from the series of discussions and interactions held at all levels and with various sections of stakeholders, the recommendations outlined below provide significant inputs in identifying the hurdles that impede the process of making India nutrition secure.

### Lessons learned

#### State

The following are state-level lessons learned from the initiative:

- I. A considerable information gap was uncovered regarding various nutritional issues such as the state of nutrition in Jharkhand, how to measure it, the impact of undernutrition, different entitlements, nutritive values of different food, and functions

of different stakeholders in ICDS centres. Regular interactions at all levels may help in removing the information gaps that emerged in the workshop proceedings.

- II. The six ICDS service centers were hardly known to the traditional/community leaders. The Anganwadi Centres were seen primarily as take home rations (THR) distribution centres. At all the workshops, different stakeholders including media persons frankly admitted that their information about nutrition and undernutrition was extremely limited. It was felt that regular interactions with professionals including doctors may help to improve nutritional levels and knowledge about local foods and their nutritive contents.
- III. No nutritional Program can succeed without being driven by supply and without the participation of community at all levels. Traditional institutions and leaders, to a large extent, have not been brought into nutrition activities. This process needs to be strengthened. The traditional leaders, who participated in the workshops promised to work not only for entitlements but also for behaviour change communication (BCC) to strengthen this process. It may be mentioned that the state of Jharkhand has a long history of traditional system of governance which is officially recognized. Village headmen such as Munda, Manki, Manjhi – Pradhan have been given important powers including revenue powers. Their role has been recognized in Panchayat Raj Institution to the Scheduled Areas Act (PESA) 1996, following which the Jharkhand government issued a number of notifications recognizing traditional leaders. Further, these leaders play important cultural roles and despite deterioration in these institutions, the community leaders are widely respected in cultural matters, particularly in the tribal dominated areas. Jharkhand has 112 blocks which are governed under the fifth schedule of the Indian Constitution where PESA, 1996 is applicable. During the workshop proceedings it became evident that the potential of these community leaders has not been utilized to the optimum. The community leaders were enthusiastic about their role in the process of advocacy and commitment building for nutrition. As a result, these leaders should be used as sources of advocacy leading to behaviour change communication within the communities.
- IV. A basic constraint was uncovered that showed the limited capacities of data analysis at block and district levels. Lack of time due to other administrative responsibilities was one of the reasons for mechanically forwarding the data upwards. Sharing and analysis of the data would provide the implementers with better understanding about implementation of Programs/schemes. A number of CPDOs confided that the presentations at the workshops had sensitized and equipped them to better analyze and share the data. Therefore, database and analysis need to be strengthened for which external support is required. Also, the data available at the AWCs should be shared at all levels.
- V. Government agencies and NGOs must work together. There is at present considerable mistrust between personnel responsible for government delivery services and community leaders, representatives of NGOs and the media. It is important to hold regular interactions and meetings to remove the mistrust. The uneven relationship requires correction and regular meetings and interactions can play an important part in achieving this.
- VI. At the beginning of the proceedings in the workshops, the participants traded charges and counter-charges. As the proceedings progressed and with the help of moderation, the participants began to understand the constraints faced by others.

For example, for the first time the participants were informed about the different components and the cost of take home rations, which remained the same even after inflation. The other participants realized that it was not possible to supply the required quality of grains and food in view of the meager financial allocations regarding the rise in prices. The lower level functionaries at various levels of delivery mechanism require space to express their viewpoints. The workshops gave the functionaries an opportunity to express their constraints and share their difficulties in the implementation of mid-day meals or supplementary nutrition programs under ICDS, in addition to clearing some of their doubts. At present the hierarchy existing in the government offer limited opportunities for lower level

- VII. Functionaries to express their viewpoints and the constraints faced by them at in the implementation of Programs/schemes.
- VIII. The process of dialogue should start from the lower levels and reach the highest levels. Rather than initiate dialogue at district or regional level, the process ought to begin at block level and in areas worst affected by undernutrition. The dialogue should then advance up to the state level. Community and traditional leaders attending the meeting said it was difficult for them to travel from their respective villages to districts and regions. They pointed out that they would be able to participate and contribute more in implementation and monitoring of different nutritional schemes if the discussions were initiated at the block level.
- IX. Advocacy should be a continuous process. One-time advocacy generates interest and creates expectations but in the absence of follow ups, the gains tend to get lost.
- X. It is necessary to acquaint media persons with the layers and complexities of malnutrition so that reports could ground the subject in a broader socio-economic context. Sensitization building is a necessary part of media advocacy. It is felt that reporting solely the negative and crucial aspects could make stakeholders wary and defensive. There must be a balance of reporting positive aspects too. To give an example, the Jharkhand administration was extremely cooperative in organizing regional workshops and sending its functionaries to these sessions. Subsequently however, negative media reports seemed to push them on the defensive. The Deputy Commissioner felt that reports concentrated exclusively on the drawbacks with hardly any mention of the positive interventions made by the administration.
- XI. The advocacy Program must work in partnership with District Collectors and Block Development Officers, who are key officials for advocacy efforts. These functionaries can contribute a great deal to sensitization and Program implementation.
- XII. The media and the community must put pressure on political parties and political leaders/representatives to combat undernutrition on a priority basis. More needs to be done to increase political commitment to nutrition. Efforts should be made to ensure that nutrition receives adequate emphasis in election manifestos of respective parties. Also, there is need to have focused discussions/debates around nutrition.
- XIII. The draft of Jharkhand's State Nutrition Policy is yet to be finalized and adopted. The issue had not been raised in the assembly, even though drought and hunger, following media revelations, raised a hue and cry. Despite advocacy and the MPs and MLAs giving personal commitment, none of the 16 political representatives attended the workshops. The concerns raised in the assembly were more about the



appointment of AWWs, Sevikas and Sahayikas. This issues related to nutrition must be raised in public forums.

- XIV. There needs to be more concern and awareness about the implementation of ICDS services, since some of the MLAs are not even aware of the six services mandated by the ICDS at the AWCs. The mid-day meal scheme was implemented and ICDS services extended only due to Supreme Court order, and by political decision. The government notifications to this effect stated that the schemes were implemented and extended under Supreme Court order.

## **National**

The following are lessons learned from the national level:

- I. High level of political commitment is required to establish a balance between actual needs, budget allocations and robust mechanisms for optimum utilization of services that can improve the status of nutrition. High level of commitment is the key to the success of all public health Programs. It is necessary to engage with public and private stakeholders to build commitment and effectively mobilize political leadership and to understand the enormity and the characteristics of undernutrition. It is equally imperative to understand the devastating human, social and economic benefits associated with correct implementation of available, affordable and cost-effective nutrition interventions.
- II. Convergent action across all departments and schemes related to health, ICDS, PRI is necessary to ensure good nutritional status. Where health and ICDS can ensure good nutritional status of the people, PRI can ensure a robust monitoring system and a community based tracking of nutrition outcomes.
- III. Parliamentarians, civil society organizations, media and government line departments need to undertake collective action in order to ensure that services are delivered in line with the needs of the people and fulfill the requirements of specific contexts.
- IV. It is mandatory to have access to information to create awareness about correct behavioral practices relating to health and hygiene. Addressing undernutrition in the first two years of life is critical for the growth of a child. Studies have shown that undernutrition is severe in the 6-18 month period of a child's life. The amount the child is fed during this period is often inadequate and levels of access to knowledge, education and information are major barriers to feeding the child the right amount of food. The rate of infection during this period of a child's life is often high, which is connected to the issues of water, sanitation and hygiene.
- V. A review of nutrition Programs across the country is necessary in order to formulate a plan of action that can help fill in gaps in implementation.

## **Recommendations**

### **Recommendations for Parliamentarians**

The following are recommendations for Parliamentarians:

- I. There is need to build capabilities of Parliamentarians on nutrition security and prevention of undernutrition. Special efforts must be made and sustained to educate



political representatives and kept abreast of the latest information on the status of nutrition in their respective constituencies, states and entire country.

- II. Parliamentarians need to raise questions during the Zero Hour of Parliament if their demands related to nutrition issues are not met with or if malnutrition is reported from constituencies. Zero Hour is the time designated in both Houses of Parliament for raising issues that are of special concern to the members of Parliament.
- III. MPs should draw the attention of Parliamentary standing committees that specifically deal with issues related to nutrition and health. Standing committees deal with different subjects such as health, family welfare, education, food in order to identify and focus on the needs and problems specific to those areas.
- IV. For highlighting the urgency of the nutrition crisis, MPs can serve notice for adjournment motion. Adjournment motion notice is served when the issue becomes critical enough for a breach with the normal procedure of Parliament. A special discussion can be held on the matter demanding urgent attention. Acceptance of adjournment motion requires suspension of the crucial question hour when the government answers the queries raised by MPs.
- V. MPs, across party lines, should press for cut motions after presentation of union budgets, in case the financial allocations for nutrition related Programs/schemes is inadequate. This will help to draw attention and renew focus on nutrition crisis and the mismatch that exists between demands and allocations.

### **Recommendations for legislators**

The following are recommendations for legislators:

- I. It is necessary for legislators to formulate policies and plan strategies that will work towards achieving nutrition security. Best practices should be integrated into state strategies.
- II. Mechanisms must be developed for programmatic and institutional convergence at state level. This will allow targeting, planning and monitoring food and non-based food Programs of the central and state government, bi-lateral agencies and NGOs for nutritional security and human resource development.
- III. The share of the state budget for nutrition and related Programs must be increased.
- IV. Presentations must be made in the assembly on the achievements made against the targets set for reducing undernutrition.
- V. A state-level committee on nutrition under the chairmanship of the Chief Minister should be instituted.
- VI. Legislators should mobilize opinion among colleagues and encourage them to allocate part of MLA development fund for increasing nutrition awareness.

### **Recommendations for media**

The following are recommendations for media:

- I. Talk shows and debates should be held on television channels on the different aspects of undernutrition and its impact.



- II. Media organizations should organize public hearings.
- III. Radio Programs on nutrition should be planned.
- IV. Efforts should be made to promote young writers who are engaged in developmental activities among children, adolescents and youth.
- V. Optimal coverage should be given to issues and public actions concerning hunger and undernutrition.
- VI. Correspondents should be assigned at regular intervals to cover stories in the field.
- VII. Success stories from Local Food Models should be covered.
- VIII. Relationships should be developed with NGOs, research institutes and experts to publish stories on malnutrition and hunger.
- IX. Key messages on nutrition and behavioural changes should be broadcast in local media.
- X. Coverage on nutrition should be an integral part of the editorial policy.

#### **Recommendations for civil society**

- I. Good practices should be captured and implemented at larger scales.
- II. A model of convergence should be promoted.
- III. There needs to be awareness on nutrition and education on behavioral changes to reduce undernutrition,
- IV. The quality and feasibility of local food models should be monitored and modifications proposed in the policy.
- V. There should be focus on utilization, using the wide social network.



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