



National Nutrition Conclave Book of Proceedings



A Nutrition-Secure India How do we get there?

M.S. Swaminathan Research Foundation (MSSRF)
Chennai

August 12-14, 2007

National Nutrition Conclave Book of Proceedings

**A Nutrition-Secure India
How do we get there?**



Foreword

Dear Readers,

The National Nutrition Conclave was designed to tap into the wisdom of a diverse group of professionals committed to improving nutrition in India, including representatives from Government service, NGOs, academia, the press, the corporate sector, the United Nations, and bilateral assistance agencies.

The result was an outpouring of insightful and innovative ideas that surpassed our expectations. We are very pleased to share these with you in this Book of Proceedings.

We would like to sincerely thank the Vistaar Project for organizing and all of the participants in the National Nutrition Conclave for their dedicated and passionate work toward answering one of the most pressing questions for our nation:

Nutrition - Secure India: How do we get there?

As the sponsors of the conclave, we would like to invite the participants as well as any other interested individuals and agencies to join with us to continue the energy and enthusiasm of this meeting and to move these ideas into action.

We do know how to get there – and together we can make a Nutrition-Secure India a reality.

Sincerely,

Prof. MS Swaminathan
Chairman,
MSSRF, Chennai

Mr. George Deikun
Mission Director, USAID
American Embassy, New Delhi

Prof. N.K. Ganguly
Director General
ICMR, New Delhi

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A Nutrition-Secure India

How do we get there?

Background

India is at an important “tipping point” with respect to nutrition and public health. The achievement of the National Rural Health Mission (NRHM) objectives as well as many of the Millennium Development Goals (MDGs) depends on addressing the critical problem of malnutrition in India, which underlies many other health problems (such as high maternal, newborn and child death rates). There is increasing evidence that current approaches are not adequate to achieve the desired objectives and need refinement (e.g., National Family Health Survey III shows that nutrition has not increased commensurate with increases in general economic growth in the country). There is a critical need for agreement, leadership and collaboration on the way forward in nutrition security. There is currently momentum, which includes increased political, public and health sector interest in the issues of malnutrition in India and availability of public sector financial and human resources to address these problems. In this background the National Nutrition Conclave (NNC) was organized from August 12-14, 2007 at the M.S. Swaminathan Research Foundation (MSSRF), Chennai, India. The conclave had the following objectives:

Objectives

- To facilitate new and creative thinking
- To produce a short list of priority actions for improving nutrition security in India
- To re-energize the expanded nutrition community and increase collaboration and commitment to take the selected actions forward

The Approach

The three sponsors i.e. MSSRF, Indian Council of Medical Research (ICMR) and United States Agency for International Development (USAID), India, along with support from the Ministry of Health and Family Welfare (MHFW) and the Ministry of Women and Child Development (MWCD), initiated this effort that included the following steps:

- Use evidence: Collect and foster the use of available evidence about what is working and what is promising to improve nutrition in India
- Produce a short documentary to foster change and commitment: Interview national leaders and stakeholders, to foster reflection on what has worked well, what has not worked as well, and what should be done now – and prepare a documentary to motivate the nutrition community to move forward toward nutrition-secure India. (The Government leaders who were interviewed include the MHFW, MWCD, Ministry of Finance, Ministry of Rural Development and Food Processing)
- Organize the National Nutrition Conclave (NNC): The NNC was designed to facilitate a participatory, broad based dialog and consultation on how to improve nutrition in India. It was held at the MSSRF, Swaminathan in Chennai, India from August 12- 14, 2007. Through a participatory meeting methodology called open space technology

(Annexure I) the NNC generated many insightful and innovative ideas (which are documented in this “Book of Proceedings”) and the participants released the Chennai Declaration calling for a “nutrition revolution” in India. The conclave was attended by over 100 professionals (Annexure II) from Government service, NGOs, academia, the corporate sector, and multilateral and bilateral assistance agencies

- Follow up action and results: Prof. M .S. Swaminathan will lead a “coalition for sustainable nutrition security in India,” which will serve as a high level coordination body to champion the recommended actions and work to incorporate them within the framework of the 11th Five Year Plan. Proposed members include the Member of the Planning Commission responsible for health, key ministers (Health and Family Welfare, Women and Child Development, Social Justice and Human Resource Development, Rural Development, Agriculture, Panchayati Raj), the National Institute of Nutrition, the three NNC sponsors, and a leader from the corporate sector and the media. This coalition will seek to join with other committed agencies and individuals to ensure that the NNC recommendations turn into action and results. The declaration will be formally presented and the coalition will be announced and endorsed by senior Government officials in a ceremony in Delhi, scheduled for October 3, 2007

Meeting Method

The conclave was organized using the open space technology (Annexure II), a participatory meeting method. Small group work was at the core of the entire process reiterating the faith and confidence in the collective wisdom of the participants.

Chennai Declaration

From the National Nutrition Conclave

August 14, 2007

We, a group of people who are passionate about achieving a nutrition-secure India, representing Central and State Governments, non-governmental organizations, civil society, corporate leaders, bilateral and multilateral development agencies, nutrition experts, activists and academia, met for the National Nutrition Conclave from August 12 – 14, 2007 in Chennai, Tamil Nadu, sponsored by the M.S. Swaminathan Research Foundation, Indian Council of Medical Research and USAID/India.

We met on the eve of the 60th anniversary of India's Independence to continue the work to achieve Mahatma Gandhi's vision:

The first task of an independent India must be to eliminate hunger

Sixty years after independence, national survey data (such as National Family Health Survey III) show that the nutrition situation has not improved as desired in some areas in India, with almost 50 per cent of our children underweight and more than 70 per cent of our women and children with serious nutritional deficiencies such as anemia. Although there are success stories and parts of India which show what we can achieve, the level of malnutrition in India today is morally unacceptable and has enormous costs in terms of social and economic development.

We have deliberated and come to the following recommendations. In addition, we commit ourselves to work for the realization of these recommendations to achieve Gandhiji's vision and to make our nation nutrition-secure.

- We call for nutrition to be a priority on the national agenda. This includes creating a "home" for nutrition such as a National Nutrition Authority. This group could lead and coordinate nutrition programming. Create a parliamentary committee including a group of concerned Ministries working in the area of nutrition, as the coalition for sustainable nutrition security in India.
- Further, we call for a Citizen's Charter on Nutrition endorsed by policy makers and leaders to ensure that nutrition is a national priority.
- We call for preparation of a white paper by a multi-sectoral expert group to present the compelling case for nutrition as a national priority, including the costs of the problem, and to propose a coherent framework and sustainable action plan.
- We call for a national strategy for nutrition of children under two that would focus on vulnerable and marginalized groups. This strategy should foster policy convergence and program integration as well as focus on infant and young child feeding.
- We call for a nutrition security focus on the urban poor. This must increase the identification and mapping of unlisted slum clusters, promote a network of agencies working in urban health and nutrition, which should identify lead programs that can serve as prototypes and learning sites and work to activate the media as advocates for improving urban health and nutrition.
- We call for improved monitoring and evaluation of nutrition programming, including Integrated Child Development Scheme increasing its focus on measuring nutrition outcomes. States should set up specific systems for monitoring nutrition outcomes.

- We call for more focus on nutrition education, communication and awareness. An appropriate core committee led by Government, to arrive at nationally accepted key nutrition messages, to establish a public –private partnership for a national nutrition education campaign, and to establish a set of monitoring indicators to monitor the campaign.

We have all pledged our personal commitment toward these objectives and ourselves to work together in this effort.

***“If people have to starve I shall blame none but ourselves...
we now have our own government.... Can’t we do something?”***

***It is not just big conferences that we want. What is required is understanding,
hard work and purity. In the absence of these qualities, the poor must die.”***

- Letter of Mahatma Gandhi, dated 15th August 1946

Summary of National Nutrition Conclave Recommendations

Organized by priority areas from the Chennai Declaration

| Topic | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Articulate Nutrition as a 'National Priority | Advocate for a Citizens' Charter | Produce White Paper on Nutrition | Develop a Comprehensive Nutrition Strategy for Children Under Two | Launch a Nutrition Education and Communication Campaign | Develop Nutrition Strategy for the Urban Poor | Link Nutrition with Household Food Security | Improve Nutrition Indicators and Monitoring of Outcomes | Take NNC Recommendations to Action |
| Main components from declaration* | <ul style="list-style-type: none"> *Creating a home for nutrition *Advocacy and sensitization of parliamentarians and policymakers *A group of ministries under PM to focus on nutrition *Revive nutrition mission/holistic approach for policy reform *Formation of nutrition council/authority *Improve resource mobilization and convergence *Establish structures and committees- centre to village | <ul style="list-style-type: none"> *Advocacy for having the charter at the national level *Involve the four pillars of democracy- legislature, judiciary, executive, media *Form nutrition charter at the national and state level *Form a core task group by multiple stake-holders | <ul style="list-style-type: none"> *Prepare white paper as an advocacy tool *Summarize major facts to make a case for nutrition as a priority (including costs) *Propose a framework and action plan with phased operationalization *Support a study to determine economic costs of malnutrition (e-g. lost productivity) | <ul style="list-style-type: none"> *Expert agreement on guidance so that different messages are not given *Advocate for more focus on children <two *Form and advocate for sustainable model and an essential package of services *Develop a communication strategy *Develop guidelines for capacity building of service providers | <ul style="list-style-type: none"> *Task Force of experts to agree on key messages *Public-Private partnership for a major media campaign with the key messages *Develop training guidelines *Focus on life cycle approach, equity and gender *Develop a set of NHE-BCC monitoring indicators for impact assessment | <ul style="list-style-type: none"> *Partnership with media for advocacy *Enhance reach and utilization of ongoing schemes *Identify lead programs to serve as prototypes and learning sites *Initiate intersectoral converge mechanisms | <ul style="list-style-type: none"> *Strengthen nutrition sensitization for agriculture sector leaders *Promote nutritionally relevant but under utilized foods *Promote diversification and consumption of home grown foods *Counseling/ education of community on nutrition and intra house-hold food distribution | <ul style="list-style-type: none"> *More focus on measuring nutrition outcomes (not just food distribution) *Set guidelines on state level monitoring system on nutritional outcomes | <ul style="list-style-type: none"> *Establish a coalition and secretariat for NNC follow up *Identify financial resources *Share the proceedings of NNC widely *Organize a follow up to conclave and/or state conclaves *Form task forces to prepare action plans *Advocate Govt. and other leaders |

Summary of National Nutrition Conclave Recommendations

Organized by priority areas from the Chennai Declaration

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|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
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| Persons volunteering to work on this topic | Dr.Sashi Prabha Gupta, Dr.Shieela Vir | Dr. Sehba Hussain, Ms. Neera Mishra | Dr.G.S.Toteja | Dr. Mina Swaminathan, Dr.R.Shankar, Dr. Sarla Gopalan, Dr. Shashi Prabha Gupta, Ms. Nirmala Selvam | FNB, NIN, NIHEW, UNICEF, PSM department, nutrition departments of universities | Dr.S.Agarwal, Mr. P. K. Jha, Mr.Subodh Kumar, Dr. Usha Ravi | Dr. Mahatab Bamji | NNMB, NIN, MSSRF, MI, CFTRI | |
| Other related recommendations from small group work (August 13, 2007) | <ul style="list-style-type: none"> *Linking nutrition to productivity and economic development *Compilation of best practices in nutrition *Involve PRI and village committees *Improve MIS | <ul style="list-style-type: none"> *Dissemination charter to the state planning commissions *Encourage meetings of <i>gram sabha</i> on nutrition *Form task force on media and nutrition security | <ul style="list-style-type: none"> *Promote the use of evidence in decision making | <ul style="list-style-type: none"> *Advocate for maternity entitlements to promote early breastfeeding *Advocate for crèches to promote BF and < two nutrition | <ul style="list-style-type: none"> *Integrate and strengthen NHE-BCC curriculum in home science, nursing, social work and agriculture schools and colleges *Improve strategic communications efforts | <ul style="list-style-type: none"> *Identification and mapping of unlisted slum clusters *Form a network of agencies working on urban nutrition | <ul style="list-style-type: none"> *Gather data on environmentally friendly farming practices *Increase post harvesting technology to minimize wastage *Promote micro enterprise and microfinance to increase household assets and income | <ul style="list-style-type: none"> *Advocate for formative and action research *Promote the use of data *Increase use of IT *Promote collection of cost data and cost effectiveness analysis | |

This summary was prepared by the Vistaar Project on September 12, 2007

* Note that the eight priority recommendations resulted from the final recommendations and action planning session on August 14, 2007.

Convergence Session

August 14, 2007

The last session of the National Nutrition Conclave (NNC) focused on reviewing and synthesizing all of the inputs from the 36 small group meetings held on August 13. Some major themes and recommendations emerged from this session and they are summarized in the box below. These key recommendations do not replace the small group recommendations in any way, and participants or other interested groups are free to carry forward the small group recommendations.

National Nutrition Conclave: Key Recommendations

1. Articulate nutrition as a national agenda priority
2. Advocate for and implement a Citizen's Charter on Nutrition
3. Produce a "white paper" on nutrition which includes action plans
4. Develop and promote a comprehensive nutrition strategy for children under two
5. Launch a nutrition education and communication campaign
6. Develop nutrition strategies specifically for the urban poor
7. Link nutrition with household food security
8. Improve nutrition indicators and the monitoring of outcomes
9. Take NNC recommendations to action

Key Recommendation 1: Nutrition as a National Agenda Priority

Names of people interested in having a leadership role in moving this action forward

Shashi Prabha Gupta, Sheila Vir and team

What immediate/short term actions are recommended to move this idea forward?

- Creating a home for nutrition (a commission or national nutrition authority)
- Address nutrition as a separate national agenda
- Advocate and sensitize parliamentarians and policymakers, linking nutrition to productivity and national economy
- Form a Group of Ministries (GOM) under the Prime Minister and a central authority – to direct nutrition oriented sectoral policies and focus on critical nutrition issues (e.g., infant and young child feeding, micronutrient malnutrition, advocacy and awareness, monitoring, resources). Consider a 'Nutrition Council' of India such as the Medical Council of India

- Revisit and revive nutrition mission through a parliamentary forum
- Increase resource mobilization and convergence of efforts
- Align structures and committees from centre to village to focus on nutrition
- Compile evidence and best practices in nutrition for adoption/replication through Government
- Consider a nutrition charter
- This needs to be on a fast track to contribute to the Millennium Development Goals

What resources are required to support the recommended actions?

- Policy efforts may not require special funding. A small 'core group' is needed to facilitate taking these issues to the highest policy making level, ideally led by Professor M. S. Swaminathan
- Task forces can be formed to help with specific work. An email group of NNC participants can keep the group mobilized

Key Recommendation 2: Citizen's Charter on Nutrition

Names of people interested in having a leadership role in moving this action forward

Neera Misra, Sehba Hussain

Name of people interested in assisting with moving this action forward

Sunita Nijhawan

What immediate/short term actions are recommended to move this idea forward?

- Draw up a Citizen's Charter which calls for more attention on nutrition as development issue
- Advocate for the charter at national level
- Charter should involve the four pillars of democracy (legislature, judiciary, executive, and media) to promote, advocate and disseminate the charter
- Present the outcomes of the NNC to the members of the Planning Commission responsible for health and development, Dr. (Ms) Syeda Hameed and Shri Montek Singh Ahluwalia
- Prepare an analysis of key data about the nutrition situation and costs before the presentation
- Seek support from National Advisory Council and advocate for the Charter on Nutrition
- Sensitize and work with the media on nutrition
- Charter should be drawn up as soon as possible, perhaps for Gandhi Jayanti (birth anniversary i.e. October 2, 2007)
- Form a task force for involving media in nutritional security

What resources are required to support the recommended actions?

- Access existing resources like National Rural Health Mission (NRHM), Bharat Nirman, National Rural Employment Guarantee Act (NREGA), Integrated Child Development Scheme (ICDS) and other poverty alleviation programs of the Government
- Seek allocation of additional financial resources for strategizing and planning, implementing, monitoring, dissemination and evaluation

- Mobilize technical, management and human resources, such as from the NNC participants
- At the village level, add nutrition to the planning committee of the panchayat to encourage focused actions within gram sabha

Key Recommendation 3: White Paper on Nutrition

Name of people interested in having a leadership role in moving this action forward

G.S. Toteja

What immediate/short term actions are recommended to move this idea forward?

The white paper should include:

- An analysis of successes and failures in national programs to date
- An analysis of the costs of malnutrition to the nation
- A plan to address the bottlenecks in implementation of various program
- A plan for improved monitoring of various national program
- A plan to better integrate various vertical programs, especially at district level and between health and nutrition
- A plan for nutrition training, information, education, and communication, and capacity building, especially developing young scientists and a new generation of leaders in health and nutrition

Key Recommendation 4: Comprehensive Nutrition Strategy for Children Under Two

Names of people interested in having a leadership role in moving this action forward

Mina Swaminathan, Nirmala Selvam, R. Sankar, Sarala Gopalan, Shashi Prabha Gupta

Names of people interested in assisting with moving this action forward

Mina Swaminathan, Nirmala Selvam

What immediate/short term actions are recommended to move this idea forward?

- Prioritize a focus on nutrition from conception to two years of age
 - Select key components of the strategy, based on evidence, such as
 - Exclusive breastfeeding from birth to six months
 - Continued breastfeeding with appropriate complementary foods from six/seven months onwards
 - Develop key communication messages and strategies
 - Get messages to priority groups such as adolescents and pregnant and lactating women
 - Consider regional context (geographical communities)
 - Promote program convergence (program sectors)
 - Promote policy convergence (unified approach)
- Increase counseling for families

- Advocacy
 - Reinforce advocacy for infant and young child feeding (use NNC participants as one advocacy group)
 - Develop a communication plan and strategy
- Capacity building
 - Focus more on training service providers in health and nutrition, especially on counseling and skills training to support breastfeeding
- Advocate for maternity entitlements to promote exclusive breastfeeding
 - Legislation for maternity entitlements for all women
 - Research and evaluation of program outcomes
 - Awareness and training including about ethical issues for medical and health professionals
 - Support services for working mothers
- Advocate for crèches to promote breastfeeding and nutrition of under two year olds
 - Work with ICDS, NREGA and worker boards
 - Improve training
 - Promote internship placements
 - Set quality standards and monitoring mechanisms
 - Need to form a task force to work on this issue

We need to network, advocate, communicate and take action!

Key Recommendation 5: Nutrition Education and Communication Campaign

Who will be involved?

Leaders should include Food and Nutrition Board of India (FNBI), National Institute of Nutrition (NIN), National Institute of Health and Family Welfare (NIHFW), Ministry of Women and Child Development (MWCD), Ministry of Health and Family Welfare (MoHFW), Nutrition Departments of Universities, PSM Departments, and UNICEF

Names of people interested in moving this action forward

C. Anitha, C. Kalaivani, G. Hemelatha, I.P. Kaur, K.P. Vasantha Devi, Premakumari, Rajaratnam Abel, Regi Fernando, Shubhada Kanani, V. Anitha

What immediate/short term actions are recommended to move this idea forward?

- Form a core committee to adopt a consultative process and arrive at a nationally accepted set of priority nutrition messages
- Establish a partnership with the media and corporate sector to widely disseminate the messages (a national and regional campaign)
- Develop training guidelines in Nutrition and Health Education (NHE) and Behavior Change Communication (BCC) for all levels
- Integrate and strengthen NHE and BCC curriculum in schools, home science, medicine, nursing, paramedical, social work and agriculture
- Develop a set of NHE and BCC monitoring indicators for impact assessment

Resource Mobilization

Above institutions, corporate sector, media, donor agencies, National Rural Health Mission (NRHM), Reproductive and Child Health program (RCH)

Key Recommendation 6: Nutrition Among Urban Poor

Names of people interested in moving this action forward

G.S. Toteja, Laxmikanta Palo, Prabhat Kumar Jha, Siddharth Agarwal (team leader), Subodh Kumar, Usha Ravi

What immediate/short term actions are recommended to move this idea forward?

- Partner with media for advocacy on urban health and nutrition
- Enhance reach and utility of ongoing schemes
 - Build capacity of elected municipal representatives and officers to focus on maternal and child under-nutrition among the urban poor
 - Inform and empower urban poor communities to demand for provisions of the schemes (e.g. targeted public distribution scheme, mid-day meal scheme, ICDS)
 - Identify programs to serve as proto-types and learning sites
- Advocate for nutrition and health on the political agenda through municipal manifestos
- Initiate city and ward level inter-sectoral convergence mechanism
- Facilitate identification and mapping of unlisted slums in select cities and use these as example maps to encourage similar exercises in other cities
- Promote networks of agencies working on urban nutrition and health and well-being

Longer Term Actions

- Enhance policies and increase dedicated resources for urban nutrition and health
- Encourage social responsibility towards maternal and child nutrition and health among urban poor of the corporate sector and media
- Encourage academic institutions to make field programs in slums as part of academic curriculum to provide students practical experience
- Put in place a separate and dedicated planning and monitoring mechanism for urban nutrition and health
- Advocate for social security policy for unorganized sector

Key Recommendation 7: Link Nutrition with Household Food Security

Names of people interested in having a leadership role in moving this action forward

Mahatab S. Bamji

What short term actions are recommended to move this idea forward?

- National level food and nutrition security recommendations
- Sensitize agriculture and administrative professionals about nutrition issues

- Promote nutritionally relevant but under-utilized foods
- Integrated a program of action for enhancing
- Crop productivity
- Soil health
- Water and nutrient management
- Promote an effective and nutritionally relevant integrated child development scheme
- Promote farmer-friendly procurement and trade policies
- Implement the major recommendations of the Farmer's Commission
- Household level food and nutrition security recommendations
- Promote diversification and consumption of home-grown foods
- Counsel community on nutrition and intra household food distribution
- Increase technical advice on environmentally friendly and good farming practices
- Improve post harvest technology to minimize wastage
- Human resource development recommendations
- Establish more community polytechnics and Krishi Vigyan Kendras (Farm Science Centers)

Key Recommendation 8: Improve Nutrition Indicators and the Monitoring of Outcomes

Names of people interested in moving this action forward

A.G. Appu Rao, A.J. Hemamalini, Anand Lakshman, B. Sesikeran, C. Kalaivani, Corinne Demange, Malavika Vinod Kumar, Minnie Mathew, Padmapriya, Rama Narayanan, Saraswati Bulusu, S. Mythili, Tusar Ranjan Nayak

What short term actions are recommended to move this idea forward?

- Share ideas with senior administrators, such as ICDS, to obtain their involvement
- Initiate a discussion with National Institute of Nutrition on re-looking at the role of National Nutrition Monitoring Bureau (NNMB)
- Put a high priority on reduction of anemia in pregnant women and children
- Promote the need for a combination of strategies, including dietary diversity, food fortification and supplementation
- Need better public health measures for sanitation hygiene and safe drinking water
- Need to act in a mission mode

What other actions are recommended and what timing is recommended for each?

- Anganwadi Worker (AWW) should focus on activities to measure nutritional outcomes:
- Recording of birth weight
- Monthly weight recording of 0-3 years only

- Use of Mid Upper Arm Circumference (MUAC) for 3-6 year old to identify severely malnourished children
- Pallor signs to identify pregnant women severely anemic
- States should set up monitoring system for improving nutritional outcomes
- Organizations at the national level should support the state monitoring system
- Establish a common understanding of nutrition classification (National Centre for Health Statistics of USA/ Indian Paediatric / WHO) for research and capacity creation
- More research is required to establish anemia classification.
- Need more data on gender disparities in nutritional outcomes
- Need research on vitamin A and sub clinical serum retinol levels at national level
- Need more research on zinc and folic acid deficiency and need to ascertain prevalence

Key Recommendation 9: Take NNC Recommendations to Action

Names of people interested in assisting with moving this action forward

Ashok Singh, J. H. Panwal, Laxmi Rahmathulla, M. Kannan, S. Muthiah, Shanmuga Velayutham (team Leader), Shanti Ghosh

What short term actions are recommended to move this idea forward?

- Share the proceedings of NNC with the various stakeholders such as state and central governments, International NGO, NGO, action groups
- Form a core committee or collation with committed people at various levels
- Organize a periodic conclave (every year)
- Use e-forum / solutions- exchange to continue and encourage the discussion and actions
- Prepare detailed action plans (and white paper) with the consultations of expert groups / advisory groups
- Seek committed organizations to join efforts
- Advocate and lobby with policy makers / panchayat, line departments and ministries
- Network with allies both national and international with similar interest
- Undertake campaign mode activities
- Present and share the NNC concern and outcomes with National Rural Health Mission, Ministry of Women and Child Development, Ministry of Health and Family Welfare at state and central levels
- Develop a time bound monitoring mechanism and common set of review indicators for NNC follow up actions

What resources are required to support the recommended actions?

- Establish a secretariat for NNC follow up, could be staffed on rotation basis. Start with M.S. Swaminathan Research Foundation (if possible)
- Explore the possibilities of financial resources from different donor agencies working in the field of health and nutrition



Small Group Work Reports

August 13, 2007

1. Title of Discussion Topic: Nutrition Revolution - The Need of the Hour

Name of discussion leader: Shashi Prabha Gupta

Names of discussion participants

A.N. Radha, Ashok Singh, C. Anitha, Deoki Nandan, Laurie Noto Parker, O. Masee Bateman, R. Sankar, Rajiv Tandon, Sheila Vir, S. Jayam, S. Mubeen, S. Muthiah, S. Rajagopalan, Shanti Ghosh, V. Suganthi, Vikas K. Desai

Some highlights from the discussion

- Nutrition is a complex issue. Malnutrition is a silent emergency requiring urgent action on various fronts
- Constitutional and policy framework exists but requires a super ministry / National Nutrition Authority vehicle to carry it forward, to support and enforce that every ministry is optimizing and enforcing its mandate
- A statutory body like election commission is required to spell out the policy and meet the constitutional mandate
- Health system has to come on board. WHO manual gives a lot of importance to nutrition which needs to be adopted
- Scenario has changed; the present problems cannot be solved with the interventions that were required 30-40 years back. Food supplementation is not synonymous with nutrition. Nutrition education is more important
- Nutrition education for all should be a people's movement – "Poshan Jagriti Abhiyan" (Nutrition Awareness Campaign) is required
- Make basic foods affordable instead of charity. Nutrition orientation of agricultural policy is needed
- Involve home science colleges, medical colleges, nursing colleges and social science institutions and assign areas for action
- Institutional capacity building for nutrition action
- All schools and colleges to have nutritional curriculum. Graduate degree in nutrition to be introduced in all universities
- Empowerment of panchayati raj institutions on nutrition is important

What are the top future actions that the group recommends?

- Launch of Nutrition Revolution in the country by the Honorable Prime Minister of India
- Constitute a statutory body "Food and Nutrition Commission", a Group of Ministers or a Cabinet Committee on Food and Nutrition or a National Nutrition Authority
- Announce the mandate for each of the concerned sectors in relation to nutrition and to amend the business allocation rules
- Launch a National Nutrition Education Program and Nutrition Awareness Campaign
- Strengthen and involve like minded institutions for specific tasks
- Nutrition Revolution to be a recommendation of the conclave and Prof. M S Swaminathan to present and advocate to the Honorable Prime Minister of India

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

A.N. Radha, Deoki Nandan, Laurie Noto Parker, R. Sankar, Shashi Prabha Gupta, Sheila Vir, Vikas K. Desai

2. Title of Discussion Topic: Infant and Young Child Feeding (0 to 24 months)

Name of discussion leader : Nirmala Selvam

Names of discussion participants

C. Anitha, Deoki Nandan, J.H. Panwal, Laxmi Rahmatullah Malavika Vinod Kumar, S. Muthiah, Mythili, Rajagopal, Rama Narayanan, R. Sankar, Shanti Ghosh, S. Subbiah, Subodh Kumar, S.K. Muttoo, Vijay Kumar Edward

Some highlights from the discussion

- Members mentioned and agreed that exclusive breastfeeding can happen only when the mother is supported to do so and therefore the counseling and support must start right from the antenatal period if not earlier.
- Members shared incidents of
 - Women wanting to breastfeed but not able to do so because of compelling forces in the home or work environment and the lack of support
 - Women in the unorganized sector facing problems in exclusive breastfeeding
 - A lactating mother giving up on breastfeeding due to peer pressure in the corporate sector despite the company having a facility to help mothers breastfeed their infants
- Besides lack of counseling and skill support, there were many social issues that need to be addressed so that women could exercise their right to breastfeed the infant and also have the financial support to enable them to exclusively breastfeed the babies for the first six months of life
- Create public awareness at large on the need to help the infant to be breastfed within one hour of birth, exclusively breastfed for six months and from six months of age to be breastfed and given appropriate complementary foods. Take a rights based approach to protect the infant and young child's right to be breastfed
- A member asked why we should not give water when exclusively breastfeeding during the first six months of life and this was answered by other members. Breast milk contains everything that a baby needs including the water in the summer season. The introduction of water or any other food could alter the fragile lining in the gut and expose the baby to risks of infection
- Discussion also included who is to be held accountable
- Strengthen monitoring as it is weak or non existent Muthulakshmi Reddy fund to support mothers from the seventh month of pregnancy to post delivery with a total of Rs. 6000/- and the addition of JSY of Rs. 700/- was discussed and identified as a good measure to be introduced in other states too
- Work site crèches and their role in helping women breastfeed was discussed
- Include maternal nutrition needs during the Ante Natal Care (ANC) and lactating period too in the counseling sessions during ANC
- Include discussion and education on home nutrition gardens to help improve access to some nutritious foods

What are the top future actions that the group recommends?

- Make breastfeeding counseling and support a core component of the health and nutrition services
- Create a campaign to educate the masses to help combat social practices that adversely affect breastfeeding

- Major drive to ensure 0-6 months exclusive breastfeeding and from six months onwards breastfeeding along with appropriate complementary foods
- Provide six months paid maternity leave in the organized sector and in the unorganized sector, ensure that families support the lactating women financially, physically and emotionally. So that she does not have to go out to work during these six months but can concentrate on the baby and her health
- Train all service providers (gynecologists, pediatricians, family physicians, Auxiliary Nurse Midwife (ANMs), PHNs, Anganwadi Workers (AWWs) and Accredited Social Health Activists (ASHA) to provide the support in counseling and skills training to women to breastfeed the infants successfully
- Have a dedicated person to address Infant Young Child Feeding (IYCF) in all health care facilities starting with ANC
- Exclusive breastfeeding and breastfeeding along with complementary feeding to be included in the indicators for health and nutrition
- Have clear operational strategies that focus on improving the rates of exclusive breastfeeding and of breastfeeding and complementary feeding in the 0 to 24 months age group
- Health department should be held accountable

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

C. Anitha, J.H. Panwal, Nirmala Selvam, Rama Narayanan, S. Muthiah, S. Subbiah, Subodh Kumar, Vijay Kumar Edward

3. Title of Discussion Topic: Giving Maternity Entitlements to Women to Promote Exclusive Breastfeeding for Six Months

Name of discussion leader : Mina Swaminathan

Names of discussion participants

Indira Chakravarty, I.P. Bhagwat, K. Shanmuga Velayutham, M. Kannan, Sarala Gopalan, Victor Aguayo

Some highlights from the discussion

- New childbirth assistance scheme of the Government of Tamil Nadu is structured in such a way as to provide opportunity for below poverty line women to abstain from work in order to exclusively breastfeed, though this is not mentioned as an objective. The scheme is funded exclusively by the state government
- Maternity Benefit Act (1961) is being amended to make it applicable to more categories of women
- Information about whether other states are bringing in similar schemes is needed
- In Sub-Saharan Africa, it has been shown that women who have access to health services are more likely to practice exclusive breastfeeding than those without. However in India this does not seem to be the case and research is required to understand the factors which promote or impede this practice

What are the top future actions that the group recommends?

- Legislation to provide maternity entitlements to all women { as laid down in our constitution Article 42, along with Article 15(3) and Article 47} should be provided, making a start with the recommendations of the National Labor Commission 2002
- Present Maternity Benefit Act (1961) should be amended, with provision of six months leave to promote exclusive breastfeeding, as well as paternity leave for some period
- Present draft bill on social security for the unorganized sector contains no reference to maternity entitlements, and these should be included
- Research studies should be taken up to monitor, document and examine the impact of the Tamil Nadu scheme. There is need to study at periodic intervals how the money is used by households in the context of the woman's decision making power within the household, and the health and nutrition status of the infants
- Health professionals at all levels of the health care system should be educated to promote exclusive breastfeeding and to educate mothers about strategies to do so
- Awareness about ethical practices in relation to exclusive breastfeeding should be provided at all levels, followed by stringent monitoring and appropriate action against those guilty of unethical practices

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

Indira Chakravarty, K. Shanmuga Velayutham, Mina Swaminathan, M. Kannan, Sarala Gopalan

4. Title of Discussion Topic: Maternal and Child Malnutrition Among the Urban Poor

Name of discussion leader : Siddharth Agarwal

Names of discussion participants

Deoki Nandan, Jayanthi , Jenny Amery, Muthu Mareeswari, Prabhat Kumar Jha , Rama Narayanan, Sheila Vir, Shubhada Kanani, Tusar Ranjan Nayak, Vikas K. Desai

Some highlights from the discussion

- Group suggested that there should be an urban specific assessment of maternal and child nutrition problem rather than it getting subsumed in overall assessment during surveys or other assessments
- High need: Childhood malnutrition among the urban poor is very high, often higher than rural areas. Based on NFHS II re-analysis, under-weight for age among less than three years is 56 per cent among the urban poor, while it is 49 per cent in rural areas. It is estimated that the current urban poor population in India is about 100 million and is projected to reach 200 million by the year 2020
- Group felt that it was crucial to study smaller and medium sized cities/towns separately from large cities, since the Maternal Child Nutrition and Health (MCNH) scenario/challenges/factors as well as the services will be different in different cities
- Lack of accountability and focus on urban maternal and child under nutrition:
 - No separate budget line item for urban health in the health budget (NRHM/RCH). Nor is there a line item for health in the urban development or UHEPA budgets
 - Integrated child development scheme (ICDS) appears to be the only program/department which is associated with under-nutrition. This leads to urban under-nutrition getting missed out
- A lack of focus on urban poor overall in health and nutrition programs/schemes
- Repeated infections have a larger causal role in malnutrition in urban areas owing to
 - Poor environment and hygiene conditions in the slums
 - Lack of water and sanitation facilities
 - Poor access to health care during illness accentuates the deprivation effects of the illness

What are the top future actions that the group recommends?

- Need for dedicated and un-diluted focus
 - National Rural Health Mission (NRHM) remains rural focused and most state and district program improvement plan do not have a clear urban component
 - NRHM leaves it to the state governments to flexibly utilize the resources. This leads to neglect of urban slums which have not so far been part of the health planning in most areas
 - Clear guidelines from the Ministry of Health and Family Welfare on urban health and nutrition is needed to ensure that this receives much needed attention
 - Group strongly felt that there should be a National Urban Health Mission (NUHM) to effectively address the nutrition and health needs of the urban poor

- Nutrition component of NRHM (as well as the proposed NUHM) should be clearly defined in terms of strategies and outcomes
- Ensure accountability
 - Planning and monitoring for maternal and child under nutrition in urban areas should be done separately from rural areas at national, state and city levels
 - Clarity about responsibility for addressing maternal and child under-nutrition at national, state and city levels should be there. This will ensure the much needed focus.
 - A state level nutrition resource centre or nutrition review, monitoring cum technical support team involving all concerned departments (health, women and child development, urban development, others). Such a review team should review progress on the malnutrition reduction efforts as well as process indicators such as expenditure against allocated budget
 - Similar review and technical support team at city level should also follow up on progress and address bottlenecks. Such review teams should involve and work closely with the municipal body. In stronger or larger municipal corporations could form a health, nutrition and sanitation cell for this purpose
 - Overall accountability with one specific department-the group felt that such accountability should lie with the ministry of health and family welfare since ICDS is more program being implemented with support from health service infrastructure
 - Separate budget line item on nutrition in the Reproductive and Child Health (RCH) budget will ensure its review at state and district levels. It will eventually also lead to development of a review mechanism at city level
- Advocacy required: There is a need for advocacy for urban MCNH since it is often assumed that urban areas have ample services and are therefore better off. The state nutrition plan of action should have an explicit urban focus.
- Involve, motivate and build capacity of elected municipal representatives: It is vital to motivate municipal bodies to focus on maternal, child nutrition and health among the urban poor.
 - Focused sessions on maternal and child malnutrition with ward councilors will be important. It should include:
 - Technical aspects in simple language
 - Lessons of mapping of vulnerable clusters, of promoting slum-level women's health and nutrition support groups and other similar experiences to motivate the ward councilors and encourage them to take responsibility
- Need to identify particularly excluded groups in urban areas such as:
 - Caste, religion based exclusion
 - Exclusion based on belonging to a particular region
 - Recent migrants and seasonal labor form a special vulnerable group
 - Unlisted slums are also more vulnerable than the officially registered slums
- Facilitate inter-sectoral convergence: It is important to forge convergence among all concerned departments: health and family welfare, ICDS, urban development/urban employment and poverty alleviation, sanitation department, education department
 - Need to develop institutional mechanism to ensure convergence on the issue of nutrition at national, state and city levels
- Need to review health and nutrition service delivery in urban areas specifically for urban poor:

- Assess available stakeholders so all of them can effectively contribute to addressing the challenge
- Identify service gaps so that subsequent plans can fill those gaps
- Build capacity of urban providers e.g. municipal officials
- Pilot operational models of good practices such as nutrition and health days in urban areas and such models should be developed specifically for urban areas since urban situation demands new thinking and action
- Strengthening ongoing program approaches/strategies:
 - Prevention of infections, which have a larger causal role in malnutrition in urban areas.
 - Provide water and sanitation facilities in slums including unlisted or un-registered slums
 - Improve access to health care through regular outreach nutrition and health days
 - Converge with urban development to improve environment and hygiene conditions in the slums
 - Greater involvement of adolescents in urban MCNH programs. Such involvement provides opportunities to a) provide maternal, infant and young child health related information to girls; b) provide Iron Folic Acid supplementation to adolescent girls; c) develop leadership in the form of peer educators among them
 - Training and monitoring should help in strengthening program implementation and consequently outcomes, rather than becoming ends in themselves.
 - Specific focus on training and monitoring of urban MCNH for urban poor should be there
 - Different technical training programs such as Infant and Young Child Feeding (IYCF), Essential Newborn Care (ENBC) and Integrated Management of Newborn and Childhood Illnesses (IMNCI) should be integrated into a comprehensive training curriculum. This will eliminate overlap and any conflicting messages
 - Project/program funding should be for a sufficient length of time so that program efforts can show results
- Promote social support networks in slums: Such efforts are crucial to support a) working women, b) those who have very little support in the family (women headed households or those where the man is an alcoholic and/or women suffer violence). Approaches for such social support approaches include:
 - Women support groups should be promoted. Such groups can be encouraged and trained to a) provide counseling to the mother; b) strengthen social cohesion; c) take care of children of working mothers as feasible in the local area
 - ICDS centers which run from dedicated structures can serve as crèches in the afternoon, where a few community women (from the social support group) can take care of children of working mothers at a nominal payment as determined by the community. The above efforts can also improve school enrollment of girls, who otherwise end up taking care of younger siblings
 - Mobile crèches scheme can be vitalized to serve the needs of some urban poor clusters
- Build on experiences and lessons from ongoing urban MCNH programs
 - Women's groups have proved to be a useful strategy for supporting maternal, infant nutrition and health care in urban slums in program as evidenced in the Indore urban health program in Madhya Pradesh. Such groups are trained and
 - a) support pregnant women in taking adequate nutrition, rest and care during pregnancy; b) initiating breastfeeding
 - Many women's groups also generate, manage and utilize slum level health funds for loans for delivery/obstetric care, infant/child illness

- *Annaprashan*, where six month olds are initiated to semi-solid food are celebrated with much fanfare as a community ceremony. The occasion is used to spreading messages of optimal infant feeding practices.
 - Hygiene practices are promoted using pictorial job aids. Mothers and families are counseled about hand washing, safe disposal of child's feces and other aspects personal hygiene. Efforts are also made to motivate households for construction of individual toilets
 - Multi-stakeholder coordination- in Indore (Madhya Pradesh), the urban health program has been able to achieve intersectoral coordination of various government department and the NGOs through ward coordination committees. The municipal corporation, health department, ICDS, DUDA, social clubs and the NGOs working in the area meet and plan on a regular basis. These committees focus on improving maternal, child health and nutrition among underserved clusters in the ward. This ward level coordination committee also discusses issues of hygiene and sanitation at the slum level. This has helped in better implementation of the various government initiatives at the slum level, including strengthening of the ICDS centers. Urban Health Resource Centre facilitates such meetings conducted at the ward level
 - Maternity support program of Tamil Nadu: Rs 3000/- is provided during antenatal period to enable women and to take adequate rest and nutrition; Rs 3000/- is provided during postnatal period to enable rest, nutrition, and treatment if required
 - Utilizing traditional local wisdom of communities to more effectively facilitate promotion of optimal nutrition and health behaviors
- Strengthening ICDS in urban areas
 - Infrastructure (anganwadi centres) should be improved so that ICDS activities can be carried out optimally. It is important to have a toilet also in the AWC
 - Equipment such as infant and mothers' weighing machines, measuring tapes etc. should be ensured
 - A need to enhance honorarium of AWWs and helpers. Tamil Nadu has recently decided to increase AWW honorarium to 2000/- per month
 - Nutrition supplementation programs should be done in a different manner as compared to rural areas since urban areas provide greater opportunities
 - Role of academic institutions: There is a huge potential role for academic institutions such as medical colleges, nutrition and home science colleges, nursing colleges, social work institutions, economics and sociology departments, paramedical training institutions both of the public and private sectors. Possible roles could be:
 - Maternal and child nutrition and health should be included in a well-designed way in the teaching curriculum of students of the different colleges. This should include protocol as bed training as well as practical field based skills-training
 - Institutions can also manage field programs in urban slums and these can be developed as 'model program' to then disseminate lessons
 - Institutions can provide capacity building services, training, IEC services
 - Focus on over-nutrition: Food habits in urban areas in several cities are changing and pre-disposing children to over-nutrition/obesity

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

Vikas K. Desai and Urban Health Resource Centre

5. Title of Discussion Topic: Redefining Essential Components of Good Nutrition

Name of discussion leader: Minnie Mathew

Names of discussion participants

Bernhard Hoepfer, Corinne Demenge, G. Hemalatha, K. Kalaivani, Laxmikanta Palo, O. Masee Bateman, Saraswati Bulusu, Subodh Kumar, Swarna S. Vepa

Some highlights from the discussion

- Age groups requiring priority attention
- Geographical coverage
- Growth norms – redefined
- Packages of services – (IEC, health linkages, food assistance, micronutrients)
- Social concerns such as providing facilities for exclusive breast feeding

What are the top future actions that the group recommends?

- Focus on 0-24 months, adolescent pregnant and lactating women
- Focus on geographical locations with chronic and transient hunger
- Strengthening the range of food existence programs including public distribution scheme, grain banks in addition to integrated child development scheme
- Provide access to micronutrients through fortification and supplementation
- Provide facilities such as crèches and maternity facilities for promoting exclusive breastfeeding for six months
- Focus on dietary adequacy in lactation
- Awareness creation through a range of locally suitable techniques
- Capacity creation for field workers should focus on limited set of services and provide good compensation
- Promote complementary feeding practices, access to low cost complementary food
- Focus on disease management, sanitation and safe drinking water
- Adopt WHO norms for assessing nutritional status
- Focus on growth promotion and counseling for infants and young children

Steps to reduce the prevalence of low birth weight babies

- Addressing maternal anemia, infection and providing good nutrition
- Safe delivery facilities combined with awareness
- Focus on adolescents to address the inter-generational factors contributing of low birth weight
 - Iron and Folic Acid tablets for adolescents
 - School health
 - Growth promotion and counseling
 - Awareness creation
 - Age of marriage

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

All stakeholders engaged in nutrition for women and children

6. Title of Discussion Topic: Priority Groups for Improving Nutrition

Name of discussion leader : T. Usha Kiran

Names of discussion participants

Anand Lakshman, Ashok Singh, C. Anitha, Dora Warren, Jean Wright, Jenny Amery, Laurie Noto Parker, O. Masee Bateman, Shanmuga Velayutham, Sheila Vir, Sirimavo Nair

Some highlights from the discussion

- Prioritize groups by separating according to:
 - Geography (urban slums, scattered habitations)
 - Age group (under ones, adolescents, pregnant and lactating women)
 - Vulnerability
 - Social (religious minorities)
 - Economic (below poverty level)
 - Caste (SC/ST)
 - Mobility (displaced tribal, migrants)
- Current evidence about nutritional indicators
- Field experiences and perspectives – national programs, NGOs
- Need for focus on:
 - Adolescents as a priority target group for breaking the inter-generational cycle of malnutrition. Within that age groups there were voices which urged that focus should be on the “newly wedded women”
 - Pregnant and lactating women and children under one year age with critical interventions to prevent malnutrition
 - Need for mechanisms to identify the malnourished among other groups for management
- Important to make sure that comprehensive health services are delivered to the priority target groups along with nutrition interventions to have synergistic impacts
- Need to understand who should be targeted for bringing about behavior change among the priority groups and these groups should be targeted separately.
- Need to use evidence for determining priority target groups

What are the top future actions that the group recommends?

- Breaking intergenerational cycle of malnutrition by bringing focused attention on improving nutrition among adolescents
- Evidence-based review of current models which are successfully reaching pregnant women, lactating women, children under one year. (For e.g. catchment areas approach, use of community based organizations to identify and address most needy in Andhra Pradesh)

- Strengthen public accountability for monitoring the socially and geographically excluded / neglected groups within the priority groups of adolescents , pregnant women, and under ones
- Build capacity of public health and nutrition programs (Integrated Child Development Scheme / National Rural Health Mission) to gather and use information on the most critical interventions and target groups

| Focus Groups | I | II | III |
|-----------------------------|-------------|------------------------------|------------|
| Marginalized Groups | Adolescents | Pregnant and lactating women | Under ones |
| Socio-Economic | | | |
| Muslims | | | |
| Below Poverty Line | | | |
| Geographic | | | |
| Urban Poor | | | |
| Scattered rural habitations | | | |
| Caste | | | |
| Scheduled Caste | | | |
| Scheduled Tribe | | | |
| Mobility | | | |
| Migrants | | | |
| Displaced tribal | | | |

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

7. Title of Discussion Topic: Effective Governance of Existing Policies and Implementation Methodology

Name of discussion leader : Neera Misra

Names of discussion participants

Mukesh Kumar, Rajiv Tandon, Sehba Hussain, Sunita Nijhawan

Some highlights from the discussion

- Improving delivering mechanisms for better governance and implementation methodology
- National policy and citizen charter for nutrition
- Information dissemination channels revitalized
- Linkage from planning commission level to the gram sabha (local governance) involvement
- Women groups to be used as effective channels for achieving the objectives
- Systematic change in the governance and implementation methodology
- Four pillars of governance - legislature, judiciary, executive and media be sensitized to the importance of nutrition as development issue

What are the top future actions that the group recommends?

- Information dissemination in the form of Nutrition Citizen Charter at national, state level with district wise adaptation with district level data, multi-sectoral data
- Nutrition being a multi-disciplinary issue, there is a need to have a Nutrition Council/Authority at federal level as well as within state planning council
- Identify processes and systems for accountability and through role definition and systems strengthening
- Planning commission to have a member nutrition
- Convergence at the level of development commissioner at the state level with membership of sensitized civil society and responsible media, columnist etc.;appointment of nodal officer under CPO
- Empower block development officer at block level and form a core group at the gram sabha or village level
- Use gram sabha mandatory meeting on the day of Gandhi Jayanti (birth anniversary) to discuss and disseminate local needs and opportunities with regard to promoting qualitative nutrition
- Introduce biometric entitlement card like smart card for nutrition related entitlement fixing roles and responsibilities
- Address issue of inclusive nutrition of vulnerable population through disaggregated data analysis by social groups
- Prepare village micro plan to address the issue of inclusive nutrition and it should find a place in the block and district plan
- Source nutrition volunteers from the Nehru Yuva Kendra and have nutrition volunteers not workers; positioning of national service volunteers

- Utilize national service volunteers as additional volunteer within Integrated Child Development Scheme (ICDS), National Rural Employment Guarantee (NREG) and other relevant programs related to food and nutrition
- Link livelihood based Self help Groups (SHGs) to anganwadi workers as additional volunteers. SHGs and cooperative should be formed and linked via mother NGO to CSR
- Nutrition volunteer to link decentralized model of ICDS to SHGs
- Any government approved financial institution should promote SHGs for viable entrepreneurial activities
- Relationship of corporate sector through NGOs
- Community radio service promoted under NGO- involving local women/youth groups for promoting inclusive and sound nutrition information for bringing about positive behavioral change

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

The following are willing to commit time and knowledge only:

Neera Misra, Sehba Hussain, Sunita Nijhawan,

8. Title of Discussion Topic: Nutrition-Medicine Synergism – Nutrition Support in Clinical Scenario

Name of discussion leader : Varsha

Names of discussion participants

A.J. Hemamalini, Ashok Singh, Dora Warren, Jean Wright, Laurie Noto Parker, Padmapriya , Rabindra Agarwal, Sirimavo Nair, S. Subbiah, Vijay Kumar Edward, Vijay R. Subbiah

Some highlights from the discussion

- On clinical scenario
Sensitization of:
Medical practitioners to the importance of nutrition in clinical practice and effectiveness of nutrition support in accelerating recovery and rehabilitation of patients, reduction in hospitalization – stay and costs
Nutraceuticals to the practice of social marketing principles that include nutrition education as a priority as well as nutrition labeling and ethics in commerce produced on mass scale
Efforts towards creation of a nutri-legal cell on lines of medico-legal cells to monitor media and marketing claims as well as ethics in clinical practice of the nutrition professionals
- On community scenario
Auxiliary Nurse Midwife (ANM) to be trained on assessing and identifying nutritional status
Identification/creation of the nutritional specialist at the primary health centre level for ANMs to refer assessed and identified malnourished individuals for effective nutrition support/treatment, continuous monitoring and documentation

What are the top future actions that the group recommends?

- Through legislation convey that nutrition support is a constitutional birth right and any patient placed on nothing per os (NPO) for more than 3-5 days without any plan to reinstatement of feeding is a criminal act attracting penalty
- Create posts requisite to the specialist and patient load ratio and job specification of qualified clinical nutritionist/dietitian in all levels of patient care – primary, referral/tertiary care
- Academics for nutrition and dietetics very strong in our country but converting them in to practicing professionals are a major brain drain. Recruiting them would be effective in creating and implementing a major field work force
- Provide guidelines to the nutraceuticals through government legislation and control their media and marketing claims that are not supported by sound evidence and documentation

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

A.J. Hemamalini, Varsha

9. Title of Discussion Topic: Increasing Household Access to Diverse Foods at Affordable Cost

Name of discussion leader : Mahtab S. Bamji

Names of discussion participants

A.G. Appu Rao, C. Kalaivani, Gian Pietro Bordinon, K.P. Vasantha Devi, Premakumari, Regi Fernando, R.V. Bhavani, Shareefa Talha, Sheila Vir, Subadra Seshadri, Usha Antony, Usha Ravi, V. Raji Sugumar

Some highlights from the discussion

- Public Distribution Scheme (PDS) should address the problem of reaching foods of different types to the poor
 - Enlarge the basket of foods available through the PDS by including pulses, millets, blend of oils, iron-fortified atta (flour), iodized salt, and fresh vegetables
 - Procure foods for PDS locally, as far as possible
 - In remote areas and in slums PDS can be run by SHG
 - Create awareness in the public to ensure demand and monitoring for pilferage
- Fortification of atta (flour) with micronutrients at the chaakki (flour mill) level. The choice can be in the hands of the client
- Make agriculture more nutrition oriented
 - Strengthen nutrition education for agriculture professionals. The responsibility of nutrition should not be confined to home scientists in agriculture universities. Conversely, nutritionists should learn more about horticulture and agriculture so that they understand the problems
 - Nutrition education for farmers particularly women through farmers' schools
 - Promotion of kitchen gardens and school gardens using green methods of farming
 - Encourage farmers to keep aside some land for horticulture, millets and pulses for household consumption. This will help household nutrition security and improve environment by conserving water
- Promotion of grain banks and vegetable banks in vulnerable areas
- Training programs in primary processing of foods to improve storage and shelf life-ready to eat nutritious foods
- Better targeting of supplementary feeding programs to ensure inclusion of under two children and mothers. This will involve joint effort by the anganwadi workers and accredited social health activists to identify the vulnerable individuals. More anganwadi centers in bigger villages

What are the top future actions that the group recommends?

- Enlarging the basket of foods supplied through PDS, and monitoring of its operation by the people to prevent pilferage
- Make agriculture more diverse and nutrition oriented to ensure household availability of not only cereals but also pulses, coarse grains, vegetables and fruits and animal products. Strengthen nutrition education for agriculture professionals

- Evolve management strategies for better targeting of supplementary feeding to ensure the inclusion of under two children and mothers. Anganwadi workers and accredited social health activists can be linked for the purpose
- Food processing:
 - Fortification of wheat atta (flour) in village chakkis (flour mill)
 - Solar drying of vegetables for better shelf-life
 - Preparation of nutritious biscuits from local millets and other grains at village level

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

This aspect was not discussed. The discussion leader Mahtab S. Bamji is already working in the area of agriculture diversification for food nutrition and environment security in the villages of Medak district of Andhra Pradesh.

10. Title of Discussion Topic: Adopting Evidence Based Research Findings into Policies and Programs of Government

Name of discussion leader : G.S. Toteja

Names of discussion participants

B. Sesikaran, Dora Warren, G. S. Toteja, Laurie Noto Parker, Padamapriya, S. Mubeen, Sara Espada, V. Suganthi, Vijay. R. Subbiah

Some highlights from the discussion

- Focus on research priorities in the field of nutrition
- Review of evidence based research findings by an independent group of experts
- Documentation of evidenced based research findings and public opinion should be sought before making a policy
- Periodical review of policies and programs

What are the top future actions that the group recommends?

A small group should work out the details

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

No

11. Title of Discussion Topic: Food and Nutrition Security at Household Level

Name of discussion leader : S. Rajagopalan

Names of discussion participants

A.N. Radha, Ashok Singh, C. Anitha, Laxmi Rahmathulla, Malavika Vinod Kumar, Sarala Gopalan, S. Mythili, Usha Ravi

Some highlights from the discussion

- Most intervention programs like mid-day meal schemes, Integrated Child Development Scheme (ICDS) provides only one third of the required calories. Rest two third calorie comes from nutrition at home. Unless nutrition at home improves, mid-day meal schemes and ICDS feeding programs may not have impact
- Currently several vertical programs, like iron tablets to pregnant women, vitamin A drops to children. We need life cycle approach- tackle nutrition from womb to tomb
- Public distribution scheme gives only rice and wheat. Like Food Corporation of India (FCI), we need Nutrition Development Corporation (NDC) which will procure not just rice and wheat but other locally grown diverse cereals and pulses, encourage food processing of these cereals and pulses to get food mixes manufactured by local entrepreneurs with proper quality control, so that affordable food mixes are available to the local population at affordable cost. Revitalization of forgotten locally grown traditional cereals and pulses is needed to widen the food basket
- Encourage fermentation and other traditional food practices to enhance nutritive value of food at household level. Nutrition education at household level on best methods of cooking with least loss of nutrients will help. Also teaching the poor how to buy foods that are nutritious and cheap will help
- Under ministry of human resource development community polytechnics are imparting vocational courses and entrepreneur development courses which will enable improvement of economies of families which will improve household food security. Similarly employment guarantee schemes will put more money into the hands of the families to buy food. Better nutrition education in school will also help
- Soil plant human micronutrient nexus needs to be understood more

What are the top future actions that the group recommends?

All of the above

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

12. Title of Discussion Topic: Zinc Dispersible Tablets

Name of discussion leader : S. Subbiah

Names of discussion participants

Anand Lakshman, Jayanthi, Muthu Mareeswari, S.K. Muttoo, Vijay Kumar Edward

Some highlights from the discussion

- Government policy should support the program
- Multi-pronged promotional strategy shall be designed
- Expand technology advisory group
- Preventive measures are to be followed by therapeutic measures
- Needs clarity about the zinc dispersible tablet, as to its superiority over the syrup preparation

What are the top future actions that the group recommends?

- Zn with oral rehydration solutions is a new holistic oral dehydration therapy for diarrhoea treatment
- Make available the product at all level
- Issue step by step guidelines for scale up implementation and monitoring
- Product presentation and positioning should be supported by appropriate information, communication, education strategy

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

Bharat Immunological and Biologicals Corporation Ltd, Bulandsher, Uttar Pradesh

13. Title of Discussion Topic: Effective National Nutrition Monitoring

Name of discussion leader : B. Sesikeran

Names of discussion participants

A.G. Appu Rao, C. Kalaivani, O. Masee Bateman, Padmapriya, Rajaratnam Abel, Rama Narayanan, Regi Fernando, Subodh Kumar, Shubhada Kanani, Tusar Ranjan Nayak, Vikas K. Desai

Some highlights from the discussion

- Coordination between data collection agencies
- Harmonization of methodologies
- Toning up data coming from Integrated Child Development Scheme (ICDS) with quality checks
- Ensure the quality of at least a few critical nutrition indicators
- Mechanism to retain trained manpower
- Anthropometric data collected may have to be modified with changing nutrition scenario

What are the top future actions that the group recommends?

- Nutrition monitoring by National Nutrition Monitoring Bureau (NNMB) is an important activity for which the government shall take the responsibility
- NNMB units should be located in all the states and data collected at district level
- Monitoring systems in existing government programs should have adequate nutrition indicators
- Action taken on such data must be part of the monitoring
- All functionaries should have training on nutrition indicators
- Monitoring of quality of services to be built into the monitoring mechanism
- Academic and public health institutions should be involved in data collection and quality monitoring

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

14. Title of Discussion Topic: Convergence of Services, Training and Action

Name of discussion leader : Subadra Seshadri

Names of discussion participants

B. K. Jhavar, Jenny Amery, Mahtab S. Bamji, Manju Shukla , O. Masee Bateman ,Shibaji Mandal, Sirimavo Nair, Swarna S. Vepa, Vikas K. Desai

Some highlights from the discussion

- Problem of malnutrition should be recognized at the highest political and administrative levels, along with its serious consequences for development
- Nutrition should be the center point for judging national development, as this will reflect the macro level development better than the economic indicators alone
- Convergence of services must mean the delivery of the integrated package of nutrition and health services to the target groups in the community while developing mechanisms to involve the other departments like rural development and panchayati raj to help in this endeavor
- Convergence must occur at all levels, from the grassroots to the block, district and state levels
- Convergence of services at the grassroot level is occurring in several places by integrated service delivery on nutrition health days once a month
- Anganwadi Worker (AWW), Auxiliary Nurse Mid-wife (ANM), helper, Accredited Social Health Activist (ASHA), trained dai, NGO representative are all present to deliver the various services. This needs to be expanded
- District health society that seems to function successfully in some states need to be enlarged to include nutrition, in order to bring about convergence at the block and district level
- Public awareness and acceptance of nutrition and health services must occur for demand creation and improvement of quality of services
- An effective link worker is needed to mobilize the target groups to utilize the services fully. ASHA can be the link worker in the present set up to ensure the delivery of integrated package of services to the mother and children
- Performance linked incentives can be paid to the link worker, and the utilization of the full package of services will be the performance indicator
- Checks and balances in the present system that have contributed to the successful working of the programs must be identified
- Clear job description at all levels and system wide change for supportive supervision is a top priority

What are the top future actions that the group recommends?

- Sensitize the top level administrators on nutrition as a center point for judging national development
- District and block level nutrition health societies be formed to bring about convergence in service delivery
- District level committee should be chaired by the district collector
- Joint circulars are very effective in bringing about co-ordination and therefore need to be a part of the system
- Monthly nutrition health days be the mechanism for delivery of the package of services at the village level

- Monthly nutrition health sessions should be attended by all grassroots level functionaries responsible for delivery of nutrition health services
- Joint training at all levels to be provided by supervisors from all concerned departments at the same session
- A common minimum training program for all levels of functionaries is necessary
- Job descriptions should be clear and non-overlapping as far as possible
- A state level nutrition resource center, along the lines of gender resource center of Gujarat, may be formed to monitor the budget, implementation and monitoring of the nutrition component of all programs

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

15. Title of Discussion Topic: Creating Nutrition Awareness

Name of discussion leader : S. Premakumari

Names of discussion participants

C. Anitha, G. Hemalatha, K. P. Vasantha Devi, K. Shanmuga Velayutham, M. Kannan, Padmapriya, Rajiv Tandon, R.V. Bhavani, S. Mubeen, Shareefa Talha, Usha Antony, V. Raji Sugumar, V. Suganthi

Some highlights from the discussion

- General lack of awareness about nutrition among all sections of the population
- Due to lack of nutrition education there is high prevalence of communicable and non communicable diseases
- Correcting the wrong food habits should be one of the prime objectives of all nutrition education measures as food habits of the people are poor right from childhood
- One of Gandhiji's messages was that food wastage deprives food to the needy. When majority of the population are suffering from lack of food availability, the problem of affluence, surplus and wastage of food exists at the other end of the spectrum. This problem needs to be tackled
- Lack of adequate training centers to train all sections of the population and there is need for proper education modules also
- Current nutrition education programs have failed to result in behavioral changes
- Currently nutrition education component is not adequately integrated into the academic curriculum

What are the top future actions that the group recommends?

- Nutrition component should be built into the existing curriculum compulsorily at all levels including the professional courses. At college level, subjects like environmental studies, nutrition should be introduced as a compulsory subject. Nutrition education activities can also be carried out as part of national social service and extension activities
- Standardized nutrition education materials should be produced and made available in the local languages
- Nutrition messages projected through mass media must be scrutinized and contextualized to avoid misleading messages
- Separate nutrition education modules must be developed for different population groups like young girls prior to marriage, newly wedded couples, information technology professionals, agricultural families, tribal, migrant population, etc
- Food outlets should be utilized for educating the community regarding healthy food habits. Nutrient content of prepared food items should be displayed in the food establishments
- Canteens of schools and industries should avoid selling junk foods, instead nutrient dense foods should be made available in the canteens
- Nutrition education training centers should be created to train self help groups, street food vendors, government functionaries involved in intervention programs, doctors, nurses, public health workers, food processors and other needy sectors. The services of the existing home science colleges/nutrition departments should be utilized for this purpose

- All the nutrition education efforts should ensure that they result in change in the food behavior of the population. Hence every nutrition education effort should be followed by evaluation of the program
- Establishment of Nutrition Council of India would help to streamline all nutrition education activities
- Each primary health centre should have a nutrition dissemination center attached to it and coordinated by a specially appointed nutritionist
- Positive aspects of traditional diet should be included in nutrition education programs

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

All members of of the group expressed their willingness to work towards the above recommendations

16. Title of Discussion Topic: Complementary Foods - Often Ignored Component of Infant and Young Child Feeding

Name of discussion leader : R. Sankar

Names of discussion participants

Deoki Nandan, Gian Pietro Bordignon, I.P. Bhagwat , Minnie Mathew, Mukesh Kumar , Saraswati Bulusu, Sheila Vir , Victor Aguayo

Some highlights from the discussion

- Even though complementary foods are a component of the Infant and Young Child Feeding (IYCF), it is not given the importance it deserves
- Promotion of complementary foods is to be done in the context of it being complementary to breastfeeding and in no way it should jeopardize breastfeeding
- When one maps malnutrition in India, it peaks at the age of eight to eleven months. Experience all over the developing world is similar with malnutrition peaking after the period of exclusive breastfeeding
- Inappropriate feeding practices are a major cause of the onset of malnutrition in young children. The mean age of introduction of complementary foods in different parts of the country is abysmally low and remains static at that level over the past few years
- Household level technologies need to be encouraged to improve the availability of safe and adequate complementary foods. But this remains mainly on paper and within the discussion groups in nutrition conclaves
- Macro level approaches to improve the availability of adequate complementary foods need to be considered. This is to include the public funded programs such as Integrated Child Development Scheme (ICDS) and also private sector participation for introduction of low cost complementary foods and civil society participation – the self help groups and women’s groups making fortified complementary foods
- Without fortification, the densities of iron, zinc and vitamin B6 in complementary foods are often inadequate. Therefore when home made complementary foods are promoted, use of complementary food supplements (sprinkles, food-lets) is to be considered
- No clear guidance on the energy and nutrient requirement of infants and young children, and the relative requirements of complementary foods to meet these needs at various ages

What are the top future actions that the group recommends?

- Awareness is the key. Every effort should be made to increase awareness about the importance of nutrition as a foundation for health and development should be made. All key stakeholders should be made aware of the importance of introducing appropriate complementary food at the right time
- Clear guidelines on the energy requirements, nutrient density of the food, quantity to be given and the frequency of feeding for different age groups should be laid out
- All food distributed in the ICDS for the children under-three year should be fortified. Due to the confusion following the Honorable Supreme Court’s directives to provide hot and cooked meals to children in public funded food aid programs, some states have stopped providing the fortified blended commodity. This should be addressed on priority

- Involvement of the public sector, civil society and private sector to increase the access of all sections of population to complementary foods should be encouraged
- Introduction of complementary food supplements as a strategy to fortify home made complementary foods, at least for the age group six to twelve months is likely to benefit children in this most critical age group
- Several recipes are available from the Food and Nutrition Board, National Institute of Nutrition, Central Food Technology Research Institute, and many home science colleges. These have to be disseminated to the population so that they can use them

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

R. Sankar

17. Title of Discussion Topic: Thrust Areas of Research in the Field of Nutrition

Name of discussion leader : G.S. Toteja

Names of discussion participants

G. Hemalatha, Vijay. R. Subbiah

Some highlights from the discussion

- Operational research: strengthening existing programs. For example supplementation programs of vitamin A, iron and folic acid, and iodized salt to improve coverage, compliance, etc.
- Development of different sustainable and scalable intervention models
- Clinical research: role of diet and life style in diabetes and cardiovascular diseases, osteoporosis
- Basic research: Recommended Dietary Allowance (RDA), nutrition value of Indian food, prevalence of sub-clinical deficiency of vitamin A, zinc, B12, folic acid, etc, junk food and its impact on health

What are the top future actions that the group recommends?

A small group should work out the details

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

18. Title of Discussion Topic: Concurrent Monitoring of Nutrition Activities

Name of discussion leader : J.H. Panwal

Names of discussion participants

A.N. Radha, K. Shanmuga Velayutham, Laurie Noto Parker, Nirmala Selvam, Rabindra Agarwal, S. Muthiah

Some highlights from the discussion

- On-going nutrition programs
- Weak supervision
- Lack of co-ordination by program implementers
- No /low emphasis on monitoring in training programs
- Criteria of monitoring not defined clearly

What are the top future actions that the group recommends?

- Joint review meeting of central/state/district level line departments (social welfare, health, education, agriculture, horticulture) and reputed NGOs
- Formation of village level monitoring committee comprising local leaders
- Base line, midterm and end line evaluation of nutrition activities by external agencies
- Introduction of social audit of nutrition programs by technical persons
- Simplify monthly progress reports and quarterly progress reports with major key indicators to reduce work load of anganwadi worker to enable them to have more house visits
- Documentation of success stories
- Ensure co-ordination of line departments working in nutrition sector
- Need to have a common set of key indicators
- Ensure regular supervision of the activities by CDPO's and supervisors. And surprise inspections by district/state level officers

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

No

19. Title of Discussion Topic: Nutrition and Water/Sanitation

Name of discussion leader : Indira Chakravarty and Sheila Vir

Names of discussion participants

Deoki Nandan, Gian Pietro Bordignon, Mahtab S. Bamji, Nirmala Selvam, Prabhat Kumar Jha, Rama Narayanan, Shibaji Mandal, Siddharth Agarwal, S. K. Muttoo, Subadra Seshadri, Subodh Kumar, Usha Antony, Varsha, Vikas K. Desai

Some highlights from the discussion

- Nutritionist should start appreciating and internalizing the role of Water, Environment and Sanitation (WES) in improving nutrition
- Water/sanitation and personal hygiene-impact on diseases and setting up of nutrition-infection cycle, leakage of nutrients
- WES-three primary issues-chemical safety (fluoride, arsenic, iron, etc.), safe food and feeding, saving energy and time
- Linking WES issues with National Rural Health Mission and Integrated Child Development Scheme (ICDS)
- Direct association of WES and nutrition-implications on diarrhoea, worm infestation, reduced time for caregivers/ mothers for feeding. Social audit of deaths and severe under nutrition
- Total sanitation campaign-linkage with nutrition indicators, build capacity
- Village level health –WES committee-modifying the nomenclature
- Should the ownership of improving nutrition be limited to ICDS? Role of sectors responsible for WES as well health
- Nutrition needs to be recognized as an indicator of development- nutrition units in Primary Health Center's (PHCs) with panchayat participation-for frontline workers
- School education—hygiene, water, sanitation
- Role of corporate sector to support

What are the top future actions that the group recommends?

- Nutrition community to recognize and voice the issue of relationship of under nutrition with WES
- Nomenclature of panchayat committee to be renamed as “health, nutrition and sanitation committee” bring nutrition indicator upfront
- Nutritional status of children to be promoted as an indicator of social development
- Behavioral change messages to include WES, hygiene. Community level nutrition activities to ensure inclusion of WES activities
- Nutrition units of PHC's (jointly by panchayat, ICDS and health department)

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

20. Title of Discussion Topic: Improving the Quality of Integrated Child Development Scheme

Name of discussion leader : K. Shanmuga Velayutham

Names of discussion participants

C. Anitha, Jenny Amery, Laxmikanta Palo, M. Kannan, Mahtab S. Bamji, R. Gopinath, Rabindra Agarwal, Rajiv Tandon, Rama Narayanan, S. Mythili, S. Subbiah, Sirimavo Nair

Some highlights from the discussion

- Anganwadi Workers (AWW) motivation, roles and functions
- Infrastructure of Integrated Child Development Scheme (ICDS)
- ICDS function - six
- Financial allocation for ICDS
- Supervision and monitoring

What are the top future actions that the group recommends?

- AWW recruitment, salary, working condition, pension and qualification have to be streamlined as a full time worker
- Anganwadi center should be a pucca building with child friendly toilet, protected drinking water and electricity facilities
- AWW's maintenance of registers have to be simplified and streamlined
- Government of India should allocate substantial financial resources for the universalization of the quality of service
- Regular social audit has to be conducted at ICDS center

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

K. Shanmuga Velayutham, M. Kannan, Rabindra Agarwal, R. Gopinath, S. Mythili

21. Title of Discussion Topic: Right to Food and Nutrition

Name of discussion leader : R. V. Bhavani

Names of discussion participants

A. J. Hemamalini, Anita, Bernhard Hoepfer, G. Anuradha, Jayanthi, Laurie Noto Parker, Laxmi Rahmathulla, Mina Swaminathan, Rajiv Tandon, Rama Narayanan, Sarala Gopalan, Sehba Hussain, Tusar Ranjan Nayak, Usha Ravi, Victor Aguayo

Some highlights from the discussion

- Right to Food and Nutrition is basic to a healthy and productive life. Studies have shown that malnutrition has a direct impact on productivity levels and the gross domestic product
- State should ensure every individual has access to safe, nutritious and balanced food
- Food security is a necessary precondition for nutrition security
- Advocacy and awareness for better delivery and accountability are important
- Food security at the national level has to lead to nutrition security at the household level
- Accessibility and affordability to food are important aspects
- Cost of transportation is an issue in effective delivery. Quality assurance is also an important issue
- Actual disaggregated surveillance data on nutrition are not available
- Adolescent girls and mother-in-law should be focused targets for better impact on intra household nutrition security
- Nutrition is a basic requirement for peaceful family life
- Restraint and curbs on ostentatious/conspicuous consumption should be appreciated and promoted as a societal value
- Lessons could be learnt from Chile's experience of addressing malnutrition effectively in six to twenty four age group through effective decentralization
- All religions talk of right to food as basic and essential to life- build on it to reach out to the larger community

What are the top future actions that the group recommends?

- Right to sufficient, safe and nutritious food is a basic human right, essential for a healthy and productive life
- Advocacy for improved delivery of food and nutrition programs of the state is crucial
- Information empowerment and awareness generation of community on food and nutrition entitlements and schemes through various means – entitlement cards, judicious, strategic and contextualized use of media
- Special schemes are needed for neglected and marginalized groups like migrant communities – they should have access to Public Distribution Scheme (PDS) and other entitlements
- Household nutrition security requires greater surveillance at the block level and below – social audit, empowerment of the gram sabha and the community

- Steps to promote intra-household nutrition security through greater gender sensitization and efforts to bring about attitudinal change by addressing the men, the mothers in law and the adolescent girls
- Local food security has to be ensured through decentralized mechanisms like decentralized procurement and storage, widening the food basket, better access to PDS and community managed food grain banks. This is a stepping stone to greater nutrition security
- Different groups of stakeholders have to be targeted differently, e.g. –
 - Making groups of men and women from a village attend specially designed lectures on nutrition in home science colleges
 - Distance education program for capacity building of anganwadi workers
 - Training programs through State Institute of Rural Development and District Institute of Rural Development
- Use information and communication technologies effectively to get across the message : dissemination through Village Knowledge Centers (VKCs), spots on TV ,phone in programs on radio and TV
- Need to specifically target pregnant women, lactating mothers and 0-2 children, to ensure the crucial age group in the life cycle is addressed
- Child rights for food and nutrition should be ensured by effective monitoring and surveillance by community, civil society groups and greater parental awareness
- Initiatives and movements like the Right to Food Campaign should be supported – need for greater support without strings attached
- Greater government-NGO networking and effective local governance through gram sabha to ensure better results

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

22. Title of Discussion Topic: Gender Equity in Nutrition and Health

Name of discussion leader : S. Muthiah

Names of discussion participants

A.N. Radha, J.H. Panwal, K. P. Vasantha Devi, Mina Swaminathan, Muthu Mareeswari

Some highlights from the discussion

- Sex selection abortion/female infanticide
- Low birth weight- as a result of poor maternal care
- Exclusive breastfeeding
- Crèches for 0-2 age group children of working mothers
- Girl child neglect
- Differential infant mortality rates
- Cultural practice of women and girls eating last
- Disparity in intra-family food distribution including breastfeeding and health care
- Maternal malnutrition
- Disparity in sterilization
- Child marriage/early marriage
- Early child bearing
- Discrimination in health care of women at household level
- Disparity in work burden in the household
- Health hazards of household work

What are the top future actions that the group recommends?

- Intensive advocacy on gender equity by government and all others in their respective fields and at their respective levels
- Ministry of Women and Child Development should fund for gender equity messages through media
- Gender issues should be focused in the National Rural Health Mission communication programs
- Paid maternity leave for women by all organizations (government, private, organized sectors)
- Create awareness on gender equity among medical practitioners and strict enforcement of sex selection abortion law
- Establish crèches in all organized and unorganized sectors and include in the bill on social security in unorganized sectors
- Gender equity issues should be included in school and college curriculum along with nutrition and health awareness

- Using the electronic media and Information Education and Communication (IEC) activities sensitize the public on intra family gender discrimination and health care
- Strengthen existing health and nutrition programs for maternal care
- Strict enforcement of law on child marriages
- Introduce sex education in schools and colleges to have ideal age at marriage and to avoid early pregnancy
- Provide gender sensitization training to boys and men
- Unpaid work of women and their contribution to gross domestic product to be recognized. All women workers should be brought under the unorganized sector social security bill. It should cover the health hazards of household work
- Both the wings of a bird should be proper to fly. Likewise both men and women should have equal opportunity for development .This should be inculcated in the minds of all

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

J. H. Panwal, S. Muthiah

23. Title of Discussion Topic: Technology Intervention-Nutrition Security

Name of discussion leader : A.G. Appu Rao

Names of discussion participants

B. Sesikeran

Some highlights from the discussion

- Few takers for technology intervention
- Role of information technology/food technology/biotechnology in enhancing awareness, accessibility and affordability
- Primary processing of cereals, pulses, fruits and vegetables
- Storage structures-extended shelf life
- Biotechnological approaches for increased production, soil improvement , improved nutrient content-macro and micro nutrients, improved bio -availability, tools as processing aids
- Perceived risk - risk/benefit ratio

What are the top future actions that the group recommends?

- Technology awareness at all levels
- Making these affordable rural technologies available at community level

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

A.G. Appu Rao, B. Sesikeran

24. Title of Discussion Topic: How Can Communities Hold System Accountable?

Name of discussion leader : Mukesh Kumar

Names of discussion participants

B. Sesikaran, Dora Warren, G.S. Toteja, O. Masee Bateman, Rajaratnam Abel, Usha Antony, Vijay Kumar Edward

Some highlights from the discussion

- Nutrition is very low on priority of both the bureaucracy and also of the community. .Hence there is need for advocacy and awareness about nutrition
- Community cannot directly hold system accountable, it needs to take recourse to available and possible avenues for holding the system accountable
- Create awareness of communities rights and entitlements before asking for accountability
- One solution will not fit all, there is need for context specific solutions
- Community level monitoring system is a must even for evaluation of results
- Panchayati raj institutions hold great opportunity for enforcing accountability
- Empower people to participate in the development process, a precursor to community empowerment for rights

What are the top future actions that the group recommends?

- Use delegated powers of panchayats for holding systems accountable for improving quality of delivery of services
- Village Health and Sanitation Committees (VHSC) can constantly monitor the progress and feedback both upward and downwards for improvement in service delivery
- Communities should be made aware about their rights and entitlements with respect to nutrition so that they can create pressure on the system to perform
- Community action group itself, in some places, should take responsibility of implementing certain portions of program
- Creating “pressure groups” for pressing for their demand should be encouraged for nutrition as well
- Taking advantage of legal recourse available in the law like public interest litigation, right to information, etc. Social audit as a process has been included in the program of integrated child development scheme. Periodic social audit should happen as close to community as possible for holding the system accountable
- Take more advantage of the office of the block development officer to enforce accountability within government system

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

25. Title of Discussion Topic: Combating Micronutrient Deficiencies

Name of discussion leader : Malavika Vinod Kumar

Names of discussion participants

Anand Lakshman, C. Kalaivani, Padmapriya, Regi Fernando, S. Rajagopalan

Some highlights from the discussion

- For long we have fought for selecting the best methodology for combating micronutrient malnourishment-dietary diversification, supplementation or fortification and in the process we have lost the objective of combating micronutrient malnourishment. We believe that all the three methods are relevant and important and a convergence of all methodologies is necessary to combat micronutrient malnourishment as long as issues of safety and need are met
- A national endeavor or policy focused on combating micronutrient deficiencies is necessary
- Many technologies on combating multiple micronutrient deficiencies are available. Micronutrient Initiative (MI) has developed fortified candies –nutricandy having iron, vitamin A, folic acid and vitamin A to be given in Integrated Child Development Scheme (ICDS) for 25 days a month (300 days a year). It has also developed Vita Shakti a multiple micronutrient powder added to the meal in the final stages of cooking by the anganwadi worker to fortify the meal. For children under two years, Anuka – a micronutrient powder in sachets, to be added to the complimentary food before feeding a child is given to mothers
- Sundar Serendipity Foundation, Chennai has developed a multiple micronutrient fortified common cooking salt called Sundar Health salt fortified with chelated iron, zinc, vitamin A, folic acid, vitamin B12 and iodine, marketed in the Kariapatty block of Virudhnagar district in rural Tamil Nadu by Family Health and Development Research Service Foundation. A multiple micronutrient fortified common cooking salt with iron, iodine, vitamin A, B1, B2, B6, B12 niacin, folic acid and zinc has been shown to improve serum retinol, hemoglobin, serum ferritin, serum zinc, serum B12, and serum folate and urinary iodine and improve cognition and memory in school children in clinical studies. Similarly a multiple micronutrient fortified powder-Vitall added to the food cooked in the meals of residential school children has been shown to improve the serum micronutrient parameters of school children. Double fortified salt developed by Sundar Serendipity Foundation was tested by BAIF; one of India's oldest NGO's in three states and seven villages and has improved hemoglobin and urinary iodine in the clinical trials
- When dietary diversification strategy is to be used it is essential to promote cultivars with proven micronutrient content. For e.g. to combat vitamin A deficiencies , it is better to use yellow fleshed sweet potato with proven beta carotene content or papaya cultivars with proven beta carotene content rather than general recommendations

What are the top future actions that the group recommends?

- All the three methods – supplementation, dietary diversification and fortification are important and convergence of all methods is necessary
- Many clinically tested and proven technologies are available such as Sundar Health salt fortified with six micronutrients and Vitall a powder fortified with ten micronutrients and double fortified salt developed by Sundar Serendipity Foundation.
- MI has developed nutri candies, Anuka and Vita Shakti
- A national endeavor or policy focused on combating micronutrient deficiencies is necessary

- Government policies on supplementation of vitamin A, iron and zinc must be implemented in full spirit in all the states. The policies on zinc (14 days zinc supplementation as an adjunct to diarrhoea treatment)is in infancy and needs to be implemented
- Research needs to be done to select cultivars with high micronutrient content and these cultivars need to be propagated widely to combat micronutrient malnourishment through dietary diversification

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

Malavika Vinod Kumar, S. Rajagopalan

26. Title of Discussion Topic: Human Resources for Improved Nutrition – Capacity Development for Effective Programming

- 1) Here and now
- 2) Future: Reforms in education for public health nutrition

Name of discussion leader : T. Usha Kiran

Names of discussion participants

Deoki Nandan, I.P. Bhagwat, Jenny Amery, K. Kalaivani, Laurie Noto Parker, Sara Espada, Shubhada Kanani, Vikas K. Desai

Some highlights from the discussion

Here and now:

- A need for revisiting job descriptions for frontline workers such as Auxiliary Nurse Midwife (ANMs), Anganwadi Workers (AWWs), Accredited Social Health Activists (ASHAs)
- A need for better balance between technical content and management in job course trainings and a greater focus on skills-based training
- Poor linkages between training implementation and supervision
- Limited skills among the workers and supervisors on what and how to communicate
- Very limited focus on using data for guiding program implementation
- Too much focus on classroom training
- Very limited capacity, focus and accountability on monitoring and supportive supervision
- Integrated child development scheme (ICDS)- three months training of AWWs condensed to one month timeframe but content did not change
- No data bank for trainers/trainees
- Monitoring is output driven rather than outcome driven

Future

- Absence of a human resource policy for public health. There is no department for public health nutrition in medical colleges and nursing colleges
- A need to build capacity in the academic institutions for improved training, research and documentation in home science colleges, medical colleges and nursing colleges
- Vacant positions in both health and ICDS

What are the top future actions that the group recommends?

Here and now:

- Align functions of frontline workers to the objectives of the program, especially the ANMs, AWW and ASHAs. Include in-depth review of role clarity and accountability. Eighty per cent of their functions should be fixed for a period of time rather than allowing the functions to change constantly

- Trainers should be given budgets to monitor the functions of those who were trained
- Training and implementation function of health and ICDS programs should be closely linked. Trainers must have previously served as a provider in the field
- Change training focus to include on-the-job training and support
- Strengthen and systematize monitoring and supervision functions (supportive supervision). Focus on denominator based monitoring. For example, rather than asking: “how many children initiated complementary feeding?” versus “how many were supposed to initiate complementary feeding?” Include “action report” in the monitoring report
- Training should include problem-solving techniques
- Review and revise training content to make it linked to the objectives (take out all unnecessary content)
- Introduce performance-based incentives
- Joint capacity building of ICDS and health functionaries for overlapping objectives as part of the job course trainings
- Short-term leadership and human resource management for program leaders

Future

- Need to develop common curriculum for nutrition across universities and colleges
- More field work is needed for students of home science colleges, medical schools and nursing schools
- A nutrition professor should be in the community medicine departments of medical schools
- Need to streamline and simplify recruitment processes

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

27. Title of Discussion Topic: Food Fortification – A Strategy for Controlling Hidden Hunger

Name of discussion leader : Saraswati Bulusu

Names of discussion participants

Neera Misra, Regi Fernando, Shanti Ghosh, Shareefa Talha, Shashi Prabha Gupta, Sunita Nijhawan, V. Raji Sugumar

Some highlights from the discussion

- What is hidden hunger??
- Different strategies for controlling hidden hunger – supplementation (short term), food fortification (medium to long term), dietary diversification (long term), and public health measures like water and sanitation
- Food to food fortification – bajra, ragi (bio-availability), soy flour (iron absorption), etc.
- Processed food fortification – bread, biscuits, corn flakes etc. (affordability)
- Low cost fortified foods – integrated child development scheme, mid-day meal, public distribution scheme: home level fortification; decentralized fortification, staple foods fortification for general population
- Sensory, acceptability, stability, effectiveness, efficacy and cost effectiveness
- Toxicity issues discussed in details: strict monitoring and following guidelines, as in the case of salt iodization programs

What are the top future actions that the group recommends?

- Media attention on women’s issues - nutrition, nutrition security
- Nutrition as a political issues irrespective of the political party
- Highlight issues linked to iron deficiency anemia, vitamin A supplementation, iodine deficiency disorders, neural tube defects, folic acid deficiency, etc.
- Horticultural inputs with proper perspectives (exports??)
- Address issues linked to misconceptions among public, academicians, governments, NGO’s, particularly on interactions or impact of micronutrients in population deficient in calories or proteins, affordability, scalability, sustainability, etc.
- Make available evidence based research in the global perspective and specific to India

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

World Food Program, Global Alliance for Improved Nutrition, Micronutrient Initiative, several national NGO’s and some state governments are already implementing fortification programs reaching millions of beneficiaries in the country. Need more partners in the country for further scale up to enhance reach.

28. Title of Discussion Topic: Crèches for Children (0-2 Years) of Working Mothers for Better Child Nutrition

Name of discussion leader : Mina Swaminathan

Names of discussion participants

C. Anita, Sarala Gopalan, Usha Antony

Some highlights from the discussion

- A strong need but not strongly articulated is the need for such crèches. This is related to gender bias which sees the care of infants as completely the mother's responsibility
- Campus crèches work well since they cater to women for whom work-site and residence are combined. They can also cater to all social groups in the location and help break down social barriers
- Trained high quality human resources are needed for crèche management and there is a shortage of crèche training at all levels
- Quality services can be ensured only by regulation, which lays down standards and provides some kind of monitoring mechanism and a system for bringing about adherence to those standards. In some parts of the country, attempts at voluntary regulation of quality have started using some standards developed locally. These need to spread more widely
- Work-site child care facility mandated under the National Rural Employment Guarantee (NREG) Act has not been actualized across the country and more precise guidelines and resources are required

What are the top future actions that the group recommends?

- Add crèches for 0-2 age group as an additional component to Integrated Child Development Scheme (ICDS), according to need, with a context specific program design including timings, provision of additional trained workers, and required equipment, supplies and services
- Advocate for revised guidelines for the NREG Act in relation to child care facilities
- All workers' welfare boards in the country (similar to the construction workers' welfare board) should provide crèche facilities for women workers
- Courses on crèche management of various types (using different methodologies) and at various levels should be developed to provide the required human resources to run crèches, and to promote self-employment
- Government must develop a set of quality standards (applicable in different contexts) as well as a system of monitoring and regulation to bring about adherence to those standards to protect child rights as well as women's right to work
- Internship placements for home science students in various skills should be made a compulsory part of home science courses and degrees should be conferred only after the placement is completed.

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

29. Title of Discussion Topic: Strategies for Making Nutrition for Good Health – A Need for Upward Socioeconomic Mobility

Name of discussion leader : Laxmi Rahmathulla

Names of discussion participants

Malavika Vinod Kumar, S. Rajagopalan

Some highlights from the discussion

- Short term strategies and long term strategies

What are the top future actions that the group recommends?

- Short term strategies:
 - Revive anganwadi
 - Breakfast and lunch from balwadi to high school instead of only mid-day meal scheme as of now
 - Try fortified food for adolescents before marriage to see the effect of improved nutrition after their childbirth – say maybe reduction of low birth weight babies
- Long term strategies
 - Film stars to promote nutrition like Manorama did for DPT in early 90's
 - Corporate sector could take up nutrition as a corporate social responsibility to provide nutritional products at affordable cost

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

30. Title of Discussion Topic: Messages for Nutrition Behavior Change

Name of discussion leader : Rajaratnam Abel

Names of discussion participants

B. K. Jhawar, M. Kannan, Laxmikanta Palo, Sehba Hussain, Sirimavo Nair, Subodh Kumar

Some highlights from the discussion

- Healthy discussion among the group members
- Diverging views were expressed and discussed openly
- Some common agreement was reached
- A prepared list of messages was discussed and modified

What are the top future actions that the group recommends?

- A need for standard messages on nutrition for the whole country, so that different stakeholders can apply them in their respective areas
- A comprehensive list of messages will avoid inconsistencies
- Messages should convey both what and how to on nutrition
- Involve the community in the transfer of messages
- Presenting successful models will facilitate acceptance of messages
- Only key messages should be given to community in a timely manner and not the entire list of messages
- Hindrances to desired behavior change should be identified and addressed
- A comprehensive list of messages is included which can be modified, adapted, added, deleted according to real need

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

31. Title of Discussion Topic: Gender Sensitivity in Nutrition Programs

Name of discussion leader : Shubhada Kanani

Names of discussion participants

Dora Warren

Some highlights from the discussion

- Six major areas were discussed:
 - Major departments/stakeholders where Gender Sensitivity (GS) is relevant and important: Women and Child Development, Health and Family Welfare, Panchayati Raj Institutions (PRIs), Self Help Groups (SHGs) matru (mother) mandals or mahila swasthya sangha, mahila samakhya under existing programs
 - Arriving at a common understanding of ‘what is GS’: Typically it’s understood as data of girls versus boys. But over a time period a broader understanding is slowly evolving – women and men’s needs, their differing perceptions and problems, the environment in which women live, women’s constraints and family support, reaching the parent/family rather than just the mother, not considering the ‘household’ as a homogeneous unit but rather looking at gender issues within the household like intra- -household food distribution/adolescent boy and adolescent girl/female headed households and so on
 - Operationalization of GS in program situations namely in training, implementation, monitoring.

Training:

- Trainers themselves should be well oriented to a comprehensive understanding of GS (some could be drawn from women’s development field)
- Content and resource material of training should reflect GS
- Trainees should be equipped with communication skills to empower women in communities; to be empathetic to women and their problems

Implementation:

- Gender sensitive working environment for the female health service providers (addressing problems of their work timings, mobility problems, long training periods keeping them away from home, insensitivity of their male supervisors, lack of empathetic supervision and others)
- Health and nutrition status of the women functionaries themselves (e.g. their own BMI, anemia levels, other health problems)
- Encouraging male participation (e.g., making male workers also responsible for specific women and child health-nutrition services, encouraging fathers / husbands to be supportive for their child and wife’s nutrition-health needs), gender sensitivity orientation of adolescent boys, girls and young couples
- Information Education and Communication (IEC) materials and messages (content, visuals and communication approaches) should reflect GS. For example showing parents on the visuals and not just the mother; family support messages (e.g. family helping woman so she can take rest in pregnancy)
- Changing mindsets of not just the men but the women themselves to consider themselves important (e.g., increased availability of resources to a woman may not mean she uses it for her own health or nutrition needs which is important)

- Day care for infants: e.g., crèches attached to anganwadi centres or mobile crèches will enable a woman to be economically empowered and free a girl child (elder sister) to attend school
- Timings of services need to be flexible: timings can vary depending on region and season when women are relatively free to attend the center and avail of services

Monitoring:

- Indicators for monitoring need not be confined to information on boys vs. girls. But should include quality of services and health- nutrition of women themselves. Indicators for growth need not just be grades of malnutrition for boys and girls but weight gain velocity of girls versus boys, reasons underlying severe malnutrition in girls

Research Needs

- Understanding of what is gender sensitive research is required (for e.g. the composition of the research team: men and women, the timings of data collection and women's availability to respond, the data indicators and methods of analysis and so on – young researchers need to be trained in these aspects
- Evidence-based research (operational research) in selected districts to show how gender sensitivity can be integrated in programs and what is the impact (a review could also be undertaken of GS research in allied areas such as women's development, economic empowerment since not much is available in health and nutrition)

Advocacy

- Research evidence is a powerful advocacy tool
- Women's development activists and experts could be drawn into health – nutrition advocacy efforts with authorities to advocate for GS in practice

Linkages with women's development and gender experts/NGOs: For training, advocacy, research

What are the top future actions that the group recommends?

- CARE (India) agreed to take a fresh look at the nutritional health data they already have to see if better indicators of gender sensitivity could be used to get trends in gender discrimination, if it exists, women's status and so on. CARE will also explore the specific areas where GS could be strengthened in its ongoing work with the Government
- Shubhada Kanani is undertaking a review of available IEC material in nutrition and primary health care in Government health centers and anganwadi centers, at district and state level, as well as the review of IEC strategies and programs currently in use and the gaps/needs. She will also include GS perspective in this review. Secondly, she will prepare a paper on the specific areas/topics where GS could be added/modified in the training curriculum currently being used by the Integrated Child Development Scheme (ICDS) training centers in Gujarat for the anganwadi workers and the supervisors and suggest training methodologies which will increase GS among the trainees

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

32. Title of Discussion Topic: Future of Integrated Child Development Scheme Under the National Rural Health Mission Framework

Name of discussion leader : Anand Lakshman

Names of discussion participants

Ashok Singh, Balakrishnan, K. Shanmuga Velayutham, K.P. Vasantha Devi, Shibaji Mandal, Subadra Seshadri

Some highlights from the discussion

- Integrated Child Development Scheme (ICDS) is based on a legislative framework but National Rural Health Mission (NRHM) is not. It is only a mission approach
- NRHM should work closely with ICDS
- Anganwadi Worker (AWW) is overloaded, so she cannot do her work properly
- Apart from ICDS and NRHM, National Rural Employment Guarantee Act (NREGA), Public Distribution Scheme (PDS) and other schemes impact nutrition
- Several village committees are present at field level that creates confusion
- Key role of Accredited Social Health Activists (ASHA) is social mobilization and promoting behavior change
- Role delineation of ASHA and AWW needs to be clear

What are the top future actions that the group recommends?

- NRHM needs to have an intersectoral leadership, not just lead by health ministry/department at central and state levels
- Nutrition should be a priority within NRHM framework
- ASHA should be a link worker who promotes and encourages communities to utilize health, nutrition, water and sanitation services
- A single committee at village level should be there which acts as an umbrella organization addressing health , nutrition and water sanitation issues
- Regarding behavior change, ASHA should take lead and AWW should play a supportive role
- ICDS should measure nutrition outcomes

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

33. Title of Discussion Topic: Formation of an Independent Council for Nutrition and Dietetics

Name of discussion leader : A.N. Radha

Names of discussion participants

G. Hemalatha, J.H. Panwal, Shashi Prabha Gupta, S. Muthiah, S. Premakumari, Varsha, Vijay Kumar Edward

Some highlights from the discussion

- Yet, the nutritionists/dieticians are not given due recognition and position in the hierarchy of health delivery system in our country. They are treated as skilled unorganized sector of employees.
- Not recognized and permitted to teach nutrition in medical colleges
- Institutions conducting the above courses – nutrition and dietetics- have no standardized curriculum as far as theory and practical are concerned
- Number and ratio of dieticians required for the various level hospitals are not worked out yet
- Nutritionists are not involved in the planning of nutrition policies and in the execution of various national nutrition program
- Recruitment rules and service conditions are not available for this essential profession
- Trained professionals are underutilized. No concrete measures are taken to enhance the employment potential
- Institutions conducting the courses and organizations utilizing the services of this profession have not set uniform norms and standards
- No evidence-based research documentation available
- High time for the professionals to be collective in their practice in relation to community in recovery and rehabilitation in clinical scenario to provide guidelines to nutraceuticals in relation to commercial food products made available in the community

What are the top future actions that the group recommends?

- To take immediate steps to form a Council for Nutrition and Dietetics with statutory status like the Medical Council of India as this is needed to ensure the quality and progress of the field of nutrition and dietetics, a cost effective delivery system. This council will look into the following specifying norms and standards for the:

Institutions imparting the education

Organizations utilizing the services of the trained professionals

Formation of curriculum, recruitment rules and service conditions

Development of a system for networking with government and non-government organizations for better implementation of all national programs concerned with nutrition and health

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

34. Title of Discussion Topic: Anemia - How to combat?

Name of discussion leader : G.S. Toteja

Names of discussion participants

A.G. Appu Rao, Ashok Bhagat, B. Sesikaran, Corinne Demenge, G.S. Toteja, K. Kalaivani, Mahtab S. Bamji, Manju Shukla, Neera Misra, R. Sankar, Saraswati Bulusu, Shanti Ghosh, Shareefa Talha, Shashi Prabha Gupta, S.K. Muttoo, S. Mythili, Sunita Nijhawan, Swarna S. Hepa, Usha Ravi, Vikas K. Desai, V. Raji Sugumar

Some highlights from the discussion

- Household food security should be emphasized.
- Life cycle approach should be followed for supplementation program for combating anemia
- Fortification of food could be one of the approaches
- Use Integrated Child Development Scheme for better compliance of supplementation program and also to increase awareness of community
- Use of local resources should be encouraged
- Traditional method of cooking in iron vessel should be promoted
- Health and nutrition should be debated in village level meeting
- Existing technology should also be used for better communication
- Male participation and involvement of mother-in-law should be emphasized for better compliance

What are the top future actions that the group recommends?

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

35. Title of Discussion Topic: Concentrate Actions on Under Ones—Accelerating Impact

Name of discussion leader : Sheila Vir

Names of discussion participants

Deoki Nandan, Laxmikanta Palo

Some highlights from the discussion

- Underweight analysis month-wise: underweight highest in eight to eleven months, plateaus after 11 months, prevention actions for feeding, care, health services are for under ones
- National Rural Health Mission (NRHM) –focus on reducing infant mortality rate, maternal mortality rate and total fertility rate. Nutrition component under NRHM and focus under ones
- Health system interventions (ante natal care, immunization, post natal care) reach under ones, including pregnant and lactating mothers. Cost-effective to focus on under ones for preventing under nutrition
- National Family Health Survey (NFHS) III data shows coverage of health services much better in those states with under nutrition below 35 per cent as compared to the other states. Importance of creating demand and providing maternal-child health services
- Health sector role is crucial for reducing under nutrition—target on under ones-- feasible to reach
- Auxiliary Nurse Midwife's (ANM) role, in addition to accredited social health activist and Anganwadi Worker (AWW) for behavioral change in risk families critical; ANM has contacts with families of under ones; right advice at right time is critical and possible
- Maternal Child Health and Nutrition (UP) program experience indicated importance of reducing the number of "at risk" families from under twos to under ones for preventing actions. Reaching a smaller number of critical families doable and cost-effective (from 90 to 50 families per year in a population of 1000)

What are the top future actions that the group recommends?

- Making a difference –work with the most critical group-identify and address families with under ones i.e. infants, pregnant/lactating mothers as well as newly weds
- Ensure demands created for health and nutrition services and services provided. Behavioral change communication focuses on the above target group
- Nutritional status of children discussed by health sector and in the village health, nutrition and sanitation committee--add the word nutrition in the committee nomenclature

Are any group members willing to commit time or other resources to working on these recommendations (list names)?

Deoki Nandan, Sheila Vir

36. Title of Discussion Topic: Addressing Malnutrition in Tribal areas

Names of the discussion leaders

Bernhard Hoeper, Deepa Varma, G. Anuradha, Rama Narayanan, R.V. Bhavani, Tusar Ranjan Nayak

Some highlights from the discussion

The group felt the tribal communities are marginalized, very poor and malnutrition is pervasive. Lack of attention to these communities was reflected in the fact that very few participants chose to be present in this discussion. Here six major points were discussed.

- Health care
- Inefficiency and inadequacy of delivery mechanism
- Training and empowering local people to demand their entitlements
- Local food availability and processing
- Local ecological security
- Community food grain banks

What are the top future actions that the group recommends?

- Promoting food grain banks and inclusion of nutritious food grains in the grain banks
- Widening the Public Distribution Scheme (PDS) with local staple food
- Community managed health care system (community health clinic in each village) and strengthening the traditional health practitioners
- Sensitizing the panchayat leaders/local governance system on delivery of schemes at the community level
- Improving crop productivity
- Promotion of nutritious kitchen garden
- Rain water harvesting for every house
- Addressing soil fertility and conservation
- Integration of local livestock
- Community level food processing centers- dehusking mills for millets and paddy
- Strengthening delivery systems such as integrated child development scheme and PDS
- Special focus the pregnant and lactating mothers through foods locally preferred.
- Infrastructure development such as roads for better accessibility to the nearest health and PDS centers

Are any group members are willing to commit time or other resources to working on these recommendations (list names)?

Bernhard Hoeper, Rama Narayanan, R. V. Bhavani and Tusar Ranjan Nayak are already working in this area

Annexure I

Introduction to Open Space Technology Meetings

Open Space Technology (OST) is a very participatory meeting methodology developed in the late 1980s by Harrison Owen of Maryland, USA. This meeting methodology is now used around the world as an effective process for generating ideas and facilitating change in both organizational and community settings.

OST is best used when there is an important issue to be addressed; there is a diversity of people involved; there is complexity; the sponsors truly want input, creativity and innovation; and when decisions need to be made quickly. Although it appears deceptively simple, the facilitator should be trained in using this methodology.

OST meetings help individuals and/or groups:

- Take responsibility for the agenda and meeting
- Build team spirit and foster creativity
- Develop greater understanding and awareness of yourself, others, and the topic
- Rekindle passion for the work
- Take risks
- Develop practical visions and plans

The Approach and Principles

OST does not rely on presentations, speeches or formal leadership. It invites participants to consider a critical question or issue, set the agenda, and identify the best way forward. The primary role of the sponsors is to outline a minimum set of "givens," which are the ground rules or non-negotiable for the meeting.

Much of the meeting will be spend in small group work, with participants having maximum freedom and choice about which groups to participate in. The entire meeting and small group work operates with four principles and one law. The **four principles** are:

1. *Whoever comes are the right people.* This reinforces the belief that the wisdom to achieve solutions is present in the room and the group should not to worry about who is or is not present.
2. *Whatever happens is the only thing that could have.* This keeps the attention on the best possible effort in the present, not worrying about what we "should have done".
3. *Whenever it starts is the right time.* This reminds people that creativity and problem solving cannot be controlled or held to a strict agenda.
4. *When it's over, it's over.* This encourages people to continue their discussion as long as there is the energy for it. This may result in a session not filling the entire time allotted, or it may result in a session extending beyond the time anticipated.

The **one law** is called *The Law of Mobility*. This indicates that people can enter or leave an open space session as they choose. If the session you are in is not meeting your needs for either contributing or learning, go to another one. This keeps engagement and participation levels high and also recognizes the value of participants who serve a cross fertilizing role (by participating in multiple sessions for a short period).

The Process

- The **duration** of Open Space meetings is most commonly between one and three days.
- The **venue is a large conference room** with lots of “break-out” or session rooms or areas adjacent. When people arrive for the OST meeting, they initially come to the plenary room and find the room is empty, except for a large circle of chairs. The circle is an invitation to join the community and to communicate without barriers (such as tables or podiums).
- The meeting or workshop **begins with a welcome by the sponsor** that is very brief, highlighting the theme and the “givens” or constraints. Then a facilitator briefly explains how the OST meeting will operate-- including the four principles, one law and process for the meeting. In the middle of the circle is a collection of needed supplies like newsprint paper, masking tape, and markers.

Ensuring that the theme is clear and the givens are appropriate is critical and preparing the givens is often the most time consuming part of the meeting preparation.

2. **Participants are invited to create the agenda for the workshop.** Anyone who has ideas related to the theme is invited to take a sheet of newsprint and write their **topic of interest** at the top of a large newsprint paper. People are asked to suggest ideas for which they have passion and for which they are prepared to take the responsibility of facilitating a discussion group, and to make sure a record of the discussion is recorded (report forms are provided). They do not need to have had previous experience in leading a discussion group but simply need to get their topic started, and try to ensure that everyone who comes to their discussion has had a chance to speak.
3. The sheets announcing each of the ideas, along with the name of the person who put up the idea and a note of when and where the topic will be addressed, are posted to a blank wall, which is the **Agenda Wall**.
4. Then the participants review and chose the small group they want to attend from the Agenda Wall (for each allotted time period). They go to the designated small group breakout spaces to **participate in discussing the topics of their choice**. During the small group work, participants can share ideas or information in various formats (such as handouts) but they do not need to know about the topic and may only have an interest or question about the topic.
5. As far as possible, each session is defined by a circle of chairs and no other barriers (furniture), though it may have flipcharts, post-its, and markers. The person who posted the idea is responsible for starting the session in whatever way s/he chooses and the group self-manages the discussions. The overall meeting facilitator has no involvement whatsoever in the small group work. The only requirement is that, at the end of the session, the session leader turn in the report form with a summary of session ideas and recommendation (or other information requested as a part of the specific meeting). The report form should be provided in a standardized format given to the session leader at the start of their session. It is important to record the highlights of the discussion in a way that can be understood by people who were not part of the discussion. The session leader is sometimes required to enter the report information into a computer to facilitate information sharing within the group (an electronic format and computers are provided).
6. As soon as a report is ready (hand written or typed), the facilitator makes a copy of it for a **news wall** and posts it so that all participants of the broader meeting can read about what has happened in each session. (If computers are not available, another option is for the facilitator to take digital photos of the neatly written flipcharts and send these photos out as an electronic report.)
7. A copy of all of the reports is generally compiled into a **“book of proceedings.”** In addition to all of the small group reports it often includes contact information for the participants so that they can reach each other for further networking. This book is made available to each participant of the meeting. In a multi-day meeting, there is a convergence session at the end of the meeting and a copy of the “book of proceedings” is provided to each person to review prior to this session. Often, the “book of proceedings” is made available electronically, on a website or by email.

8. In meetings where the intention is to move topics to action steps, the facilitator conducts a **summarizing session toward the end of the meeting for convergence, prioritizing and action planning**, including seeking input on next steps and follow-up. Once the priority topics are identified, there is often time for interested groups to develop an action plan and next steps and discuss commitments from various participants to carry the work forward.
9. At the end of the meeting, there is a closing circle, where participants can share their thoughts on the meeting.

The role of the facilitator is to open the space and to keep the space open— not to intervene or to try to control the outcomes. This process acknowledges the value and potential for leadership in every participant. The agenda is created by the people in the room. The processes release passion and responsibility, which are the two keys to a successful meeting.

OST has **one outstanding characteristic – the generation of energy and commitment**. This will not work where the sponsors or other formal leaders try to exert too much control over the meeting participants and outcomes. This is why the key economic, political, legislative constraints are recognized and spelled out very clearly at the start (as the givens) and, within the remaining “open space,” discretion and freedom to be creative are invited by the sponsors. OST is proving itself to be a powerful tool for harnessing creativity, commitment, and responsibility.

Annexure II

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