

Discussion Topics



How can we better integrate nutrition and enhance synergy among existing public sector programmes for improved nutrition outcomes?

September 10-11, 2009, New Delhi

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Background: In India, over 2.1 million children die annually before reaching their fifth birthday and fifty percent of them do not survive even twenty-eight days. India has the most child deaths in the world, with a child dying every three seconds.ⁱ The health of mothers is also poor in India, with a high maternal mortality rate of 407 maternal deaths per 100,000 live births.ⁱⁱ

Malnutrition is closely associated with both maternal and child health. It has been found to be the underlying cause of up to 50 per cent of deaths of children under the age of five. Over 42 per cent of India's children under five are underweight and 55 per cent of women of reproductive age are underweight. Micronutrient deficiencies, particularly anemia, are also high. Over 55 per cent of Indian women, 24 per cent of Indian men and 69 per cent of Indian children are anemic.ⁱⁱⁱ

It is a great paradox that India is experiencing record growth rates and unprecedented wealth, but still faces such enormous public health challenges. Malnutrition has not declined commensurate with increases in general economic growth in the country, indicating a need for increased attention to this area.

There is significant evidence that past programs and approaches are not achieving the desired objectives. Improving nutrition is a complex challenge, influenced by agricultural, educational, social, and other factors. Therefore, new approaches, such as integrating nutrition into more of the existing government programmes and missions are important to explore. This will help to ensure that the current resources and opportunities are not wasted.

Objectives: To improve nutrition security in India by identifying opportunities to strengthen the nutrition focus and impact of various existing Government Programmes and Missions.

The Approach: The sponsors i.e. the department of AYUSH, MoHFW; NACO; WFP USAID along with support from the Ministry of Health and Family Welfare (MoHFW), initiated this effort to work towards considering nutrition in a holistic manner and to address the challenges through multiple channels and programmes (school education, youth programming, water, sanitation, primary health care, disease prevention and treatment, agricultural practices, cultural practices, equity and gender, communications efforts). This effort centered on sponsoring a consultation with a wide group of stakeholders, to explore the opportunities to better integrate a nutrition focus into existing Government programs and missions. The consultation was organized around a question, such as "How can we better integrate nutrition into existing public sector programs?" and used an open and participatory method to foster creativity and generate ideas. (This was not a conference and didn't include lectures or presentations, but an appropriate meeting methodology such as "open space technology" was

used.)

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

Convergence Session **September 11, 2009**

The last session of the consultation on “How can we better integrate nutrition and enhance synergy among existing public sector programmes for improved nutrition outcomes?” focused on reviewing and synthesizing all of the inputs from the 13 group meeting held on September 10, 2009. 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 and other interested groups are free to carry forward the small group recommendations.

How can we better integrate nutrition and enhance synergy among existing public sector programmes for improved nutrition outcomes?

Key recommendations:

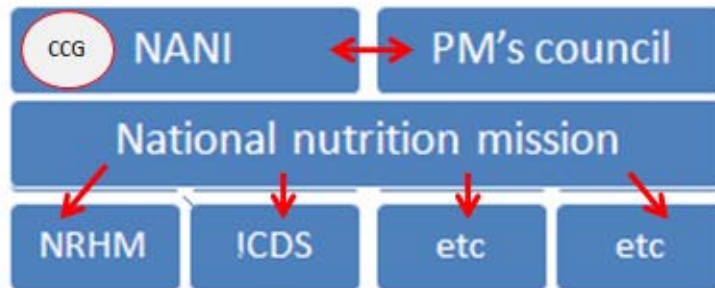
1. Establishment of National Authority for Nutrition in India (NANI) to coordinate and allocate national nutrition policies and priorities across all ministries
2. Establishment of a Central Consultation Group (CAG) to develop a set of nutrition indicators and standardize IEC messages
3. Operationalize Leadership Agenda for Action recommended by the Coalition for Sustainable Nutrition Security in India.
4. Establish Nutrition monitoring system
5. All nutritional programmes should have a component of traditional diet knowledge and practices
6. Develop mechanisms to sensitize and build capacity of leaders and administrators at all levels (focusing on food security, food safety and malnutrition)

Key Recommendation 1: Establishment of National Authority for Nutrition in India (NANI) and allocate national nutrition policies and priorities across all ministries

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

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

1. Bring NANI to PM’s office for linking to PM’s Council



Establishment of National Authority for Nutrition in India (NANI), a high-powered, permanent, independent, overarching, and autonomous nutrition body which would coordinate and allocate national nutrition policies and priorities across all ministries and monitor, enforce, through sanctions, programs, initiatives, and use of funds throughout all ministries through National Nutrition Mission.

This body would be a parallel authority to the PM's Council for Addressing Nutrition Challenges and would be a body headed by a pan-political person, but comprised of technical, management, development, and administrative experts.

NANI would oversee the National Nutrition Mission which will develop and implement a plan, spelling out the roles and responsibilities for various sectors, with reference to national nutrition objectives

NANI would ideally be authorized by an Act of Parliament, and could be an agency like existing regulatory agencies, National Disaster Management Authority or TRAI.

What resources are required to support the recommended actions?

Key Recommendation 2: Establishment of a Central Consultation Group (CAG) to develop a set of nutrition indicators and standardize IEC messages

Names of people interested in having a leadership role in moving this action forward: Dr. Sheila Vir, Dr. Veenu Seth, Dr. Madhu Aggarwal, Ms. Neera Mishra, Dr. Ravinder Chadda, Dr. Anindita Shukla, Ms. Saraswati Rao, Dr. Kusum Vir, Dr. Shashi. P Gupta, Dr. Mahadev Prasad, Ms. Ashi Katuria

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

Some highlights from the discussion:

Discussion on priority, mechanisms to achieve nutrition goals, measures to be taken for according high political priority, roles and responsibilities of various sectors, monitoring and evaluation systems-existing or non-existing.

- Need for ensuring political and bureaucratic will. One of the actions recommended was to build in nutrition training in Civil Service training and in service training.
- Parliament Standing Committee addressing Nutrition Issues
- Establishment of National Authority for Nutrition in India (NANI) approved by an Act of the Parliament. NANI overall in-charge of monitoring programmes with reference to responsibilities allocated to various sectors. Prioritize and allocate funds for nutrition programmes for various states. Should have members not only limited to administrators but include technical experts as well as development managers and practitioners.
- Central Consultation Group (CCG) to be established. To develop a set of nutrition indicators and standardize IEC messages/information for each of the development Programmes. Monitor progress and report to NANI. Also make information public through an interactive portal.
- Nutrition Mission need to be operationalized. All indicators developed by CCG to be part of mission goals and regular monitoring and evaluation of mission reports to NANI on indicators developed by CTG.
- All development Programmes should have nutrition objectives built in. These nutrition objectives should state specific indicators. These indicators to be included as the outcomes of the development programmes and Missions e.g. SSA, TSC, PRI, DWCD, NRHM, Agriculture, Food Processing, Drinking Water, Food Safety, *Saakshar Bharat* (literacy), Youth Groups (N.S.S)
- Public Sector Undertakings should include nutrition programmes in CSR budgets
- Sensitization, orientation and motivation of people (every level) associated with various development programmes referred above on prioritizing nutrition issues
- Similar structures at state and district committees. Structures and meeting intervals to be defined.

What resources are required to support the recommended actions?

Key Recommendation 3: Operationalize Leadership Agenda for Action recommended by the Coalition for Sustainable Nutrition Security in India

An actual road map for combating malnutrition in India should be drawn up, based on the essential interventions recommended by the coalition and tightly knitting the inter-sectoral interventions of the National Plan of Action 1995 and made into a National Programme to Combat Malnutrition.

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

1. Veena S. Rao IAS, (Retd.)
2. Meera Priyadarshi

3. Kush Varma IAS (UP Cadre)

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

To lobby hand and and pressure to Ministry of Women and Child Development (the nodal Ministry) to take the key/ initiating role for the recommendation to eliminate within the one year into a National Programme to Combat Malnutrition

What resources are required to support the recommended actions?

Commitment, determination and presurance

Key Recommendation 4: Establish Nutrition monitoring system

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

Dr. Ravinder Chadha, Ms.Moumita Mukherjee, Mr.Suresh Chandra

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

- NANI should be the nodal organization in charge of monitoring, nutrition/health programs/actions.
- Identification of the indicators for monitoring. Inputs to be sort from state and district level bodies in case of monitoring of specific problems.
- State and district level responsibilities to be defined by the nodal organization.
- Targeted approach to identify problem areas/districts and the frequency of monitoring to be decided accordingly (this would enable the implementing agencies to focus attention on problem districts with respect to resource allocation and fine tuning of program activities according to the degree of vulnerability).
- Sources of information to be identified
 - A few relevant indicators can be tagged along with the existing ones in the National Family Health Survey
 - Institutions like NNMB to be strengthened to improve coverage and reporting mechanism
- State and district level data management and feedback to the central level (the nodal agency) and to the district level.

What resources are required to support the recommended actions?

- **Financial resources:** Budget allocation for

- Training, information collection, compilation, analysis and dissemination of the information.
- **Human resources:**
 - Technical experts- at the nodal agency (planning the monitoring and evaluation process) and at the state level (for execution of the monitoring process and training of the personnel for the same and maintenance of MIS).
- **Logistics**
 - No separate organizational set up needed at present except the nodal organization
 - Data generation to be linked with the existing programs having nationwide coverage like ICDS/health delivery system.

Key Recommendation 5: All nutritional programmes should have a component of traditional diet knowledge and practices

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

Dr. Janardan Panday, Jt, Advisor, Dept. of AYUSH, MoHFW, Dr. Neera Misra, Draupadi trust

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

- Preparation of Traditional healthy and dietary guidelines (general and specific conditions like RCH groups, Geriatric groups, Disaster conditions) which can be introduced at different school education levels as curricula and through different channels (media, NGOS, NRHM, *Anganwadi*, ASHA, etc.)
- Guidelines for midday meal menu considering the traditional knowledge
- Identifying areas which have endemic nutritional shortfalls of nutritive vegetations; ensuring to provide alternative supplements to meet nutritional requirements by feasible means (herbal gardens, transport mechanism, etc.)
- Propagate and encourage the growth/ to make available of traditionally accepted herbal, animal and mineral diet
- Exploration and scientific validation of traditional and regional dietary practices/ products for their nutritional potential
- Encourage kitchen herbal gardens with better coordination of agriculture, horticulture, NMPB (AYUSH)
- Mechanism for the dissemination of traditional healthy dietary practices

What resources are required to support the recommended actions?

Inter-ministerial Coordination Committees under the leadership of Dept. of AYUSH consisting of Technocrats, Beauracrates and Parliamentarians

Key Recommendation 6: Develop mechanism to sensitize and build capacity of leaders and administrators at all levels, focusing on food security, food safety and malnutrition (info materials, discussions, workshops etc)

- Ensure this mechanism is operational at all levels
- Focus on developing and understanding the economic impact of malnutrition
- Strengthening coordination and convergence of all related programmes viz. nutrition, health, water, sanitation, hygiene, education etc among relevant stakeholders at all levels

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

Anil Mishra, Ms Veena Rao, Indira Chakravarty, Dr. Anindita Shukla, Urvanshi, Dr. Rajishri Roy, Saraswati Rao, Dr. Dilip Kumar, Dr. Rajshree, Dr. Vineet Bhatia, Urvashi Prasad, Manoj

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

- Set up a system of regular interaction with policy makers and implementers with concerned experts as mentioned above.
- Involve economists and nutritional experts to establish regular dialogue with policy makers and administrators
- Include a detailed discussion on the issue in training of all cadres of administrative staff
- For long term sensitization of the society, include relevant subject matter in the school curricula-(making school children as a long term agents of change)
- Revisit the current implementation strategy of programs to ensure integrated approach of health, nutrition, water and sanitation.
- Plan programming in a mission mode with integration of related sectors

What resources are required to support the recommended actions?

Small Group Work Reports

Title of Discussion Topic: Agreeing on key nutrition actions and messages (by all public sector programmes/departments)

Name of discussion leader: Ms. Ashi Kathuria

Names of discussion participants: Veenu Seth, Rajashree Roy, Vidya Raghavan, Fabian Toegel, Manish Thakur, Ashi Kathuria

Some highlights from the discussion:

1. Critical to have common messages across all concerned department:

- Important to identify the important message
- Prioritise and address top 3-4 messages over a period of time, then move to the next level
- Disseminate through all departments
- At each state, have task forces to contextualize and integrate with traditional knowledge
- Advertise aggressively

2. Important to create an enabling environment/support systems for people to practice/adopt appropriate nutrition behaviors

- Expand outreach of programmes to cover the unreached e.g. unorganized sector
- The different departments to leverage existing facilities e.g. NREGA to leverage AWC
- Communicate the services/programs available/entitled to using e.g. IT Platforms or Panchayats
- Programmes to communicate with each other on where there are gaps in services, physical locations of AWCs, crèches etc.
- Need for a comprehensive communication 'plus' framework (includes support for adoption of messages, negotiation, behavior change etc. also covering school children, men, opinion leaders, religious leaders etc). This should be used by all departments.

What are the top future actions that the group recommends?

1. Key actions:

- Adoption of Essential Interventions for infants and young children, women and adolescent girls for implementation and message transmission by all departments (Women and Child Development, Health, Water and Sanitation(Rural Development) ,

Panchayati Raj, Urban Development, Agriculture, Human Resources Development, Education, Youth Affairs, Tribal Affairs, Food and Civil Supplies, AYUSH)

- Fix the role of each department in the key actions and dissemination of messages.
- Community Participation through VHSCs, social audits, People's Action Plan etc.
- Measure quality of delivery through monitoring by the people.
- Each Department has the responsibility to facilitate the implementation of this and should allocate resources (human and financial)
- Media and Private Sector to play a vital role in implementation and message transmission.
- The message transmission/dissemination and programme implementation would be done through programmes like NRHM, RNTCP, NREGA, ICDS, NACP, Rajiv Gandhi Drinking Water Mission, National Literacy Mission, SSA, TSC

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

2.Title of Discussion Topic: Nutrition as a Development Issue

Name of discussion leader: Dr. Sheila Vir

Names of discussion participants: Dr. Veenu Seth, Dr. Madhu Aggarwal, Ms. Neera Mishra, Dr. Ravinder Chadda, Dr. Anindita Shukla, Ms. Saraswati Rao, Dr. Kusum Vir, Dr. Shashi. P Gupta, Dr. Mahadev Prasad, Ms. Ashi Katuria

Some highlights from the discussion:

Discussion on priority, mechanisms to achieve nutrition goals, measures to be taken for according high political priority, roles and responsibilities of various sectors, monitoring and evaluation systems-existing or non-existing

What are the top future actions that the group recommends?

1. Need for ensuring political and bureaucratic will. One of the actions recommended was to build in nutrition training in Civil Service training and in service training.
2. Parliament Standing Committee addressing Nutrition Issues
3. Establishment of National Authority for Nutrition in India (NANI) approved by an Act of the Parliament. NANI overall in-charge of monitoring programmes with reference to responsibilities allocated to various sectors. Prioritize and allocate funds for nutrition programmes for various states. Should have members not only limited to administrators but include technical experts as well as development managers and practitioners.
4. Central Consultation Group (CSG) to be established. To develop a set of nutrition indicators and standardize IEC messages/information for each of the development Programmes. Monitor progress and report to NANI. Also make information public through an interactive portal.
5. Nutrition Mission need to be operationalized. All indicators developed by CTG to be part of mission goals and regular monitoring and evaluation of mission reports to NANI on indicators developed by CTG.
6. All development Programmes should have nutrition objectives built in. These nutrition objectives should state specific indicators. These indicators to be included as the outcomes of the development programmes and Missions e.g. SSA, TSC, PRI, DWCD, NRHM, Agriculture, Food Processing, Drinking Water, Food Safety, *Saakshar Bharat* (literacy), Youth Groups (N.S.S)

7. Public Sector Undertakings should include nutrition programmes in CSR budgets
8. Sensitization, orientation and motivation of people (every level) associated with various development programmes referred above on prioritizing nutrition issues
9. Similar structures at state and district committees. Structures and meeting intervals to be defined.

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

3.Title of Discussion Topic: Leadership and convergence for nutrition promotion

Name of discussion leader: Shashi Prabha Gupta

Names of discussion participants: Dr. Sheela Veer, Dr. E.R. Balu, Dr. Ravinder Chadha, Dr. Neera Mishra, Ms. Moushmita Mukherjee, Dr. M.A. Kumar, DR. Animdita Shukla, Dr. Madhu Agarwal, Dr. Dinesh Paul, Mr. Rajiv Bala, Dr. Shreeranjana, Dr. C.S. Pandav

Some highlights from the discussion: The group discussed gaps in nutrition planning and programming and creates obstacles in achieving outcomes. Nutrition has not been a priority. Awareness about nutritional issues at the policy making level was considered weak. Leadership of a higher order is missing. MWCD not being a high profile ministry could not command the nodal role over other ministries to focus on nutrition. Supplementary feeding programmes are considered synonymous of nutrition. Integration of nutrition in various training programmes including IAS probationer's training did not receive due attention.

What are the top future actions that the group recommends?

- Accord high priority to nutrition in the mid-term review of the 11th plan (plan commitments)
- Leadership of highest policymaker to direct role and responsibilities of concerned ministries.
- Nutrition Mission to be implemented with targeted approach (define targets for each sector)
- Nutrition literacy mission to be launched at all levels.
- Monitor nutritional outcomes of concerned sectors at national, state, district, and village levels and take appropriate actions.
- Allocate adequate budget for maternal and young child nutrition.
- Nutrition advocacy, sensitization, orientation, capacity building, and public education at all levels.
- Review, monitor and modification of nutrition related programmes.
- Networking with professional bodies, social organization, private sector for nutrition promotion (NIPCCD, F&B of MWCD).

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

4. Title of Discussion Topic: How to improve unhealthy feeding practices going towards fast/processed foods

Name of discussion leader: Dr. Marta Levitt -Dayal

Names of discussion participants: Laxmikant Palo, Laurie Parker, Shariqua Yunus, Meera P. Marla, Neha Gupta

Some highlights from the discussion:

1. Study by IndiaClen in 6 states indicates that parents in rural and urban poor settings are feeding infant and children fast/processed foods in place of meals.
2. The prevention of food adulteration at the MOHFW is weak and needs guidelines
3. Due to lack of time, parents prefer convenient foods.

What are the top future actions that the group recommends?

- Better and innovative labeling of processed foods with the help of Ministry of Food processing, (MOHFW/PFA)
- The PFA needs guidelines and enforcement (MOHFW)
- Nutrition education should include the dangers of fast/processed foods (WCD, Min of HRC, Min of Consumer Affairs)
- There is a great need to develop and promote healthy, nutritious fast/processed food options.
 - We need healthy ready to eat complimentary foods (Dept of Home Science, MOHFW, Min of Food Processing, WCD, PDS)
- Improve the quality of food given through PDS, eg. Easier mixes/ready to eat of healthy foods.
- Schemes and loans for women's groups/cooperatives to produce and package healthy and convenient foods (Min of rural development, NABARD)
- Enforcement of MOHFW Directive to Vice-Chancellors of University prohibiting fast foods and suggestions for healthy meals/food that can be provided at Universities.
- Put warnings on packages of processed foods (biscuits, noodles, horlicks, etc) that they are not complete meals/cannot replace meals) – Min of Consumer Affairs.
- Promote healthy snacks for children that are easy for the parents to prepare and carry (Dept. of Food Technology, Dept of Home Science)
- Responsive advertizing by companies that market packaged/processed foods – they should be required to include messages in their advertizing how to make these foods healthy and a balanced meal (Min of Consumers Affairs)
- Create media campaigns warning about the dangers of fast/processed foods in favor of good nutrition.

- Create a sub-group of the Coalition on obesity/overnutrition to address the issue of obesogenic environment (Nutrition Coalition)
- Fast food chains should be required to have healthy meal options.
- Promote awareness about locally available food (Consumer Affairs, AWWs/ICDS)
- Need a India-based approach for ready to eat medical nutrition therapy for SAM (MOHFW, WCD)
- Promote local production and consumption of healthy horticulture foods (Min of Horticulture, Min of Agriculture)
- Policy is needed to ensure that cash crops do not replace healthy food production
- Need a systemic review of kitchen gardens to identify evidence-based best practices.
- Through AWCs, teach healthy and easy to prepare recipes with locally available foods (use positive deviance study approach to identify healthy feeding practices/recipes that are present in the community).

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

1. MCH-STAR
2. WFP (Neha Gupta)

Title of Discussion Topic: Integrating water, sanitation and hygiene with nutrition related interventions.

Name of discussion leader: Dr. Indira Chakarvarty

Names of discussion participants: Dr. Shree Ranjan, Vijay Talwar, Caitlin A. McQuilling, Saraswathi Gopala Rao, Manoj Joshi, Gazal Gupta, Kumkum Marwah, Dr. Rajiv Tandon

Some highlights from the discussion:

1. **ISSUES:**

The following were identified as the direct non food issues which impact most significantly on nutrition:

- Water
- Sanitation
- Hygiene
- Inaccessibility to health care
- Proper Caring practices
- Proper cultural practices and behavior
- Literacy especially women
- Lack of knowledge/skills/expertise

2. **IMPACT:** The group decided to discuss on the first three issues viz. water, sanitation and hygiene as lack of these three public health inputs affect all the others that are mentioned here and it becomes a vicious cycle. The following impacts were identified to be resulting from lack of clear water, sanitation facilities and hygiene in communities:

- Compromised food safety
- Increase disease burden
- Leads to extra physical work
- Reduced personal security
- Loss of time
- Lesser economic freedom
- Reduce in caring practices

- Environmental insecurity
- Bottleneck for sustainable development

3. RECOMMENDATIONS:

The following were identified as essentials to ensure proper nutritional status from both rural and urban areas.

- Adequate water availability, accessibility, affordability
- Safe water availability
- Garbage and waste disposal
- Total Sanitation
- Knowledge required for safe water and sanitation (hygiene)
- Positive behavior
- Motivating positive behavior
- Proper supportive policies to ensure that the above recommendations get integrated into existing and proposed health and nutrition related programmes for both rural and urban areas.

What are the top future actions that the group recommends?

POLICY LEVEL

- Programmes on water, sanitation and hygiene needs to be linked (Bharat Nirman)
- All health and nutrition related programmes should be supported by water, sanitation and hygiene interventions (Depts. of Health, WCD, Education, RD/DDWS/UD and HUPA)
- Proper nutritional indicators identified for all sanitation and water programmes (Dept. of RD/DDWS/Health, WCD, Education, UD and HUPA)
- All nutrition programs shall ensure coverage of safe water, sanitation and health care. (MOHFW and WCD)

IMPLEMENTATION LEVEL

1. Water management
 - i. Proper water resource management
 - ii. Rain water harvesting

(Bharat Nirman, water resource ministry, Dept of drinking water supply, RGDWM, NGOs, PSUs, Private sector)

2. Total sanitation
 - a. Urban and rural (RD, PRI, UD, HUPA, NGOs, PSUs, Private sector, International bodies)
3. Emphasis of hygiene education on food and water safety for proper health and nutrition (FSSAI, HRD, MoH, WCD, DDWS)
4. Capacity building on above 3 points at all levels (BHARAT NIRMAN, RD, DDWS, FSSAI, MoH, HUPA, NGOs, PSUs, private sector)
 - Policy,
 - Planning
 - Implementation

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

Indira Chakravarthy

Title of Discussion Topic: Strengths of *Ayurveda/ Ayush* to maintain health and meet nutritional needs.

Name of discussion leader: Dr. Janardan Panday,

Names of discussion participants: Dr. Janardhan Panday, Dr. V.V.Prasad, Dr. Mahadeo Prasad, Dr. Raj Pal, Dr. Rajiv Rastogi, Dr. Vaidi Raj, Dr. Venkateswarlu, Dr. B. Das, Shri S.C. Verma, Dr. A. Senthivil.

Some highlights from the discussion:

- Discussion on dissemination of AYUSH knowledge among masses regarding food and lifestyle.
- Need for development of nutraceutical research.
- Inclusion of AYUSH components in school curricula.
- Highlighting of benefits of vegetarian food.

What are the top future actions that the group recommends?

- Highlighting the principles of diet as detailed in AYUSH through different channels like ICDS, *Anganwadi*, NRHM, school education programmes, electronic and print media etc.
- To devise diet programmes for different age groups as per Ayurveda, with preference to vegetarian diet.

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

- Dr. Janardan Panday, Jt. Adviser (Ayurveda), Department of AYUSH.
- Dr.V.V.Prasad, Director, Rashtriya Ayurveda Vidyapeeth, Deptt. Of AYUSH.
- Sh. S.C. Verma, CCRAS, Deptt. Of AYUSH.
- Dr. B. Venkateswarlu, CCRAS, Deptt. Of AYUSH.

Title of Discussion Topic: Integrating traditional knowledge and local expertise into nutrition related programs.

Name of discussion leader: Dr. Indira Chakarvarty

Names of discussion participants:

Vijay Talwar, Caitlin A. McQuilling, Saraswathi Gopala Rao, Manoj Joshi, Gazal Gupta, Kumkum Marwah

Some highlightits from the discussion:

- India with its rich heritage on traditional medicine, local practices and habits had been able to handle many of the nutrition related problems.
- It is necessary to bring this knowledge to the notice and knowledge of communities from different areas.
- This has to be done in an integrated manner while updating it and including modern developments.
- While integrating these interventions supportive public health practices like safe water, sanitation, hygiene etc. need to be considered and added on.
- Hence, a comprehensive policy covering traditional practices, proper nutrition linked environmental and related public health inputs will be more accessible as well as acceptable to communities. Such a comprehensive approach will help in:
 - Overall health promotion
 - Better health and nutrition management during special conditions like anemia, IYCF practices, pregnancy and lactation and also during disasters, disease outbreaks etc.

What are the top future actions that the group recommends?

- Formation of policies and programs for integration (Dept. of Ayush, MoRD, MoUD, HUPA, Ministry of Sports & Youth Affairs and WCD)
- Integrating the concept into ongoing nutrition related programs. Eg. ICDS, NRHM etc. (MoHFW, AYUSH, Dept.of WCD)
- Develop proper awareness and information sharing mechanisms (HRD, AYUSH, MoHFW, RD, UD, NGOs etc.)

- Develop a system to bring this to the notice of communities through school education, panchayati raj, PHC, ICDS etc. (Depts. Of RD, PRI, AYUSH, NGOs, MOHFW, MWCD, Dept. of Education, Ministry of Sports and Youth Affairs etc.)
- Capacity development and information sharing through proper documentation for regular health promotion activities as well as during special conditions like anemia, IYCF practices, pregnancy, and lactation and also during disasters, disease outbreaks etc. (AYUSH, Dept. of Education, MoH&FW, WCD).

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

Title of Discussion Topic: How can research help: Mainstreaming exercise

Name of discussion leader: Moumita Mukherjee

Names of discussion participants: Vidya Raghavan, Manish Kumar Thakur, Dr. G. Senthivil, Dr. B. Das, Sh. S. C. Verma, Dr. B. Venkateswarlu, Dr. Rajiv Rastogi, Dr. Vadiraj, Dr. Dilip Kumar

Some highlights from the discussion:

- What is available?
- What is required?
- NFHS data on demographic and health status indicators- health service utilization to some extent
- NFHS data collects information of malnourished children and their health related problems
- Our main focus will be production of research output to help policy.

What are the top future actions that the group recommends?

- Traditionally food practices are needed to be explored and tested for nutrition content so that area specific low cost nutrition can be provided.
- Documentation of impact of communication programmes
- How to fortify the foods used and also evaluation of existing programmes
- Data is required on health information of school children in rural areas as well as urban slums
- Identification of hard to reach population who are difficult to be covered by ICDS
- Development of research products and their implementation through various channels

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

Moumita Mukherjee, Research Officer, Institute of Health Management Research (9836270909), Sh. S.C. Verma, Assst. Reserch Officer (Chemistry), SSRAS, Dept of AYUSH, (9953399560)

Dr. B. Venkateswarlu, Research Officer, CCRAS, Dept of AYUSH, (9968351298), Dr. B. Das, Research Officer, CCRAS, Dept of AYUSH, (9999009542)

Title of Discussion Topic: How to translate and integrate nutrition policies to the intended beneficiaries in rural areas

Name of discussion leader: Caitlin McQuilling, Real Medicine Foundation

Names of discussion participants: Manoj Joshi, Caitlin McQuilling

Some highlights from the discussion:

- There are dozens of ministries and schemes that are meant to benefit nutrition
- These schemes do not translate or trickle down to the rural village and rural family level
- While coordination is improving between some ministries, there is no singular or central coordination amongst all the dozens of bodies involved
- Everyone is responsible so no one is responsible
- We need to avoid the blame game
- How do we ensure enforcement? How do we ensure that these promised services reach the people they are meant to benefit
- The village *Panchayat* is the body responsible for management of many programs in the villages, including NREGA, ICDS, PDS, and education

What are the top future actions that the group recommends?

- Create Inter-ministerial Review Board for Nutrition which will serve to coordinate and monitor ALL ministries and ALL schemes relating to nutrition
 - Reports directly to the PM
 - Coordinate between all ministries
 - Has teeth to sanction and enforce
 - Small bureaucracy
- Make *Panchayat* an implementing partner in all village level nutrition initiatives – a partner with the responsibility to implement and enforce
- *Panchayats* will report all issues with enforcement, corruption, and deficiencies of schemes to the Review Board
- Individual ministries not performing or providing will receive sanction from PM's office
- Top enforcement priorities: NREGA, ICDS, PDS (stores should provide local food options, including fruits, vegetables, protein, and micronutrient supplements. They should be open longer and have flexibility)

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

Caitlin McQuilling, Real Medicine Foundation

Title of Discussion Topic: Public-private partnership for delivering effective nutrition

Name of discussion leader: Dr. Manoj Joshi

Names of discussion participants: Dr Manoj Joshi, Dr Madhav Prasad and Dr Caitlin McQuilling

Some highlights from the discussion:

1. **Acceptance that nutrition is everybody's need**

- Country needs large scale, diverse and multiple nutritional interventions
- Nutrition is in charter of almost all Govt. ministries
- Responsible food companies consider nutrition at the heart of their business
- Some food companies have vast knowledge on foods, nutrition and health
- Some food companies have scale, experience and capabilities for penetration and reach required for delivering effective nutritional interventions required in our county
- Public- private partnership can leverage these strengths
- Private companies benefit from corporate social responsibility (CSR), earn credibility, ensure business is more meaningful

What are the top future actions that the group recommends?

1. Identify opportunities
 - Mutual interest
 - Viable business models
 - Subsidy, Tax incentives
2. Strict monitoring of the partnership (a review board led by Mo Consumer Affairs?)
 - Stringent adherence to pre-decided code of business principles
 - Protection of vulnerable social sections
 - Monitoring of nutritional parameters

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

Title of Discussion Topic: The concept (nutrition) was integrated in the National Plan of Action for Nutrition failed to work. How do we make it work at the national state, district, and village level?

Name of discussion leader: Dr. Veena Rao

Names of discussion participants: Dr. Sashi Prabha Gupta, Dr. Shreeranjana, Dr. Dinesh Paul, Laxmikant, Palo, Meera P. Marla, Kumkum Marwah, Dr. Venkateshwara, Gazal Gupta, Dr. M.A. Kumar, Dr. Mahadev Prasad.

Some highlights from the discussion:

Integration of nutrition is a premature concept because several critical components of sectoral ministries are not in place. NPAN while comprehensive needs updating. NPAN in 1995 attempted a detailed strategy of integrated multi-sectoral interventions; both direct and indirect, however, the plan was never implemented because (a) departmental schemes to back the intervention were never drafted/monitored. (b) monitoring power of MWCD could not facilitate convergence of high level ministries such as health, agriculture, education, food etc. There was a suggestion for creation of a central resource center on nutrition (combine Food and Nutrition Board with NIPCCD). NPAN to also be followed by an implementation plan (budgeted and measurable and including a people's plan). ICDS implements nutrition through its component of supplementary feeding only and is not a scheme to eradicate malnutrition. While the scheme should be strengthened further and implemented in a mission mode the nutrition mission should also be implemented. Financial investments both in ICDS and the nutrition mission should be enhanced to be at par with NRHM and SSA. Pool in the recommendation from both national and international forums and start the review of the NPAN.

What are the top future actions that the group recommends?

- Revisit the National Plan for Action for Nutrition, make it contemporary
- Structure an implementation plan till the village level
- Determine the necessary financial allocation
- Major decision required (a) whether to repeat the differentiated decentralized approach followed from 1995 onwards or (b) follow a centralized approach for implementing the revised NPAN.

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

Title of Discussion Topic: how to improve nutrition for people living with HIV/AIDS

Name of discussion leader: E.R. Babu

Names of discussion participants: Dr. Rajashree Roy, Dr. Fabian Toegel

Some highlights from the discussion:

- People living with HIV/AIDS have a dual burden of poor nutrition due to increased energy demands and inability to work (malnutrition – infection cycle). For them nutrition is essential to improve immunity and delay need for antiretroviral therapy.
- However, nutrition is not a priority for the program, there is a lack of available resources, and for all existing pilot programs the procurement is unsustainable. States develop short-term plans which are mostly not sustainable. Nutrition counseling doesn't receive enough attention, food security and adequate nutrition are currently not ensured.
- The numbers beneficiaries are Manageable (up to 1 million). Service delivery could happen either through HIV-related services (drop-in centers, ICTCs, ART Centers) or existing general services (which carry the danger of developing stigma & discrimination). Currently linkages are difficult to create, and there are many problems with implementation.
- Maintaining confidentiality is a challenge for service delivery outside the HIV-related program, but should not deter from involving other programs.

What are the top future actions that the group recommends?

Resources: should be leveraged from existing programs including public distribution system, ICDS, midday meal, NRHM (for micronutrients), and indirectly NREGA, Rajeev Gandhi Drinking Water Mission, Public Transportation and Railways who each have special budget allocations. Rather than individuals, the affected family as a whole should receive the support.

Systems: coordination should happen through district administration as well as at state and national level.

Implementation: should be done by the respective department, which can replicate successful models with strict maintenance of confidentiality. IEC materials should be made available at all levels of service delivery to educate patients and families and change unhealthy behaviors and practices.

Sustainability: provision under each program should be made to accommodate the needs of the people living with HIV/AIDS.

Monitoring: internal and external monitoring should be done at various levels, measuring coverage, quality, and impact as well as growth monitoring are essential.

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

List of Participants:

**How can we better intergrate nutrition and enhance synergy among existing
Public sector programmes improved nutrition outcomes**

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