

Meeting Minutes

Coalition Meeting with Planning Commission of India

June 11, 2010

On June 11, 2010 Professor Swaminathan and representatives of the Coalition presented the key recommendations from the *Leadership Agenda for Action* (LAA) to the Planning Commission of India, under the Chairmanship of Dr. Montek Singh Ahluwalia, with all members and advisors present.

The meeting which was attended by about 27 participants (see *Annex 1*) started with a welcome note by Shri B.K. Chaturvedi, Member, Planning Commission which was followed by a round of introduction. Shri Chaturvedi then requested Professor MS Swaminathan to start the meeting and informed that Dr Montek Singh Ahluwalia, Deputy Chairman, Planning Commission would join later due to his prior scheduled meeting with the Prime Minister.

The following were presented and discussed with the group:

Professor M S Swaminathan thanked the Planning Commission for agreeing for a meeting to address the issue of Hunger and Malnutrition in the country. He gave a brief description of the history and progress of the Coalition, and enumerated the four components of the *Leadership Agenda for Action*. He mentioned that the idea of the Coalition was to put together critical, affordable and administratively implementable recommendations to improve nutrition. The *Leadership Agenda for Action* represents the assessment and analysis phase and that this authentic analysis, prepared through a collaborative effort by many experts, would be of assistance in the Planning Commission's leadership efforts. He further added that it was time that these recommendations which were evidence based and customised for the Indian context are operationalised.

He informed that for implementing the action phase, the Coalition has formed the *following* five Action Groups the members of which would be leading this effort:

- Science and Strategy: Convener, Dr B. Sesikeran, Director, NIN
- Governance and Coordination: Convener, Mr AR Nanda, Director , Population Foundation of India
- Operationalising Programmes ("Operation 2015"): Convener, *Yet to select*
- Monitoring and Evaluation: Convener, Mr D K Sikri, Secretary, MWCD
- Media and Nutrition Education: Convener, Mr. Sashi Kumar, Founder President of *Asian College of Journalism*

A copy of Prof. Swaminathan's powerpoint presentation is appended.

He stated that concurrent attention should be paid to food availability, food access and food absorption in the body. In addition to balanced diet, safe drinking water, sanitation and primary health care are important for nutrition security. There is therefore need for adopting "Deliver as one" approach among the concerned Departments of the Central and State Governments. There is need for convergence in the delivery of nutrition support programmes on a life cycle approach.

Mr A R Nanda, Director, Population Foundation of India, talked about the Coordination Mechanisms, Equity and Gender issues to improve nutrition. He stated that the community based planning was very important in bringing about decentralization and involving people in the programme. He also stated that more efforts were needed to bring quality in district and below district level planning. Focus should be on the whole village plan which includes community based information, entitlements, nutrition, health, family planning, sanitation and horticulture etc, he added. He suggested introduction of surveillance systems at the village level as state plans were incomplete without proper village plans. Empowering the functionaries to make quality plans at all levels including PRI, BDO, *Zilla Panchayat* and DM were important. He also emphasized that there was a need to address gender discrimination issues.

Dr Prema Ramachandran, Director, Nutrition Foundation of India, stated the following:

- Required Dietary Allowances (RDA) requirements have changed due to reduction in physical activity.
- Over the last three decades there has been a steady and progressive decline in the household expenditure on food; however there has not been much reduction in cereal consumption because of its low cost, especially in the PDS. Over this period, expenditure on health, education and transport have increased substantially.
- While under nutrition continues to remain a major problem, over nutrition and risk of non-communicable diseases are emerging as newer public health problems. Taking this into consideration India has adopted the WHO standards for growth in children and adolescents (0-18 years) which provide standards for assessment of under and over nutrition. In the Indian context where stunting is widely prevalent, BMI for age (for which the WHO has provided the standards for the first time) provides a useful index for early detection of under and over nutrition and appropriate intervention of Iodine deficiency disorders (IDD). Universal use of iodized salt could be promoted through a combination of IEC and access through PDS.

- Of all the nutritional deficiencies affecting the population anaemia remains the most widely prevalent. Anaemia is mostly due to low vegetable intake resulting in iron and folate deficiency. Long term sustained interventions to improve intake of iron, and folate could be undertaken. Introduction of iron and iodine-fortified salt is another intervention for improving iron intake.

Dr Rajiv Tandon, Coalition Coordinator, shared the LAA *Block Operational Plan* with the group and said that as a part of moving from analysis to action, the key recommendations from the *Leadership Agenda for Action* were organised into the *Block Operational Plan*. He further added that the block may be the optimal operational unit, given our national structure and that this would be a manageable population and size for organisational efforts and change management. The most critical components of this plan were:

- Additional frontline workers who would be able to focus on nutrition education and awareness – and support for these workers,
- Expanded community awareness and role in accountability,
- Improved oversight and coordination mechanisms, using better quality data (monitoring, evaluation). We recognise that a number of things must happen simultaneously to achieve this goal, and feel this is a practical “recipe” for nutrition security.

Much of this effort to achieve nutrition security requires strengthening mechanisms or programmes that already exist – but it will also require more resources. He added that as per the Coalition’s analysis Rs75,00,000 would be needed per block to operationalise the *LAA recommendations* and he urged the group to consider these specific operational plans.

He further said that the focus should be on the targeted groups like children, women and adolescents. Convergence is very important apart from human resources, capacity building, behavior change and monitoring. Integration could happen between programmes like right to food, NRHM, ICDS, NREGA and SSA.

Concluding the ongoing discussion, Dr. Montek Singh Ahluwalia, Deputy Chairman, Planning Commission highlighted that the convergence at the bottom level was essential. He remarked that the issues pertaining to fortification of salt would be taken up with the concerned Chief Ministers. Dr. Ahluwalia requested the Coalition for further analysis and information on Nutrition and mentioned that some of the issues highlighted during the meeting would also be taken up during the formulation of the 12th five year plan.

Annex 1: List of Participants

S. No	Name	Designation and Organization
1.	Montek Singh Ahluwalia (Dr)	Deputy Chairman, Planning Commission
2.	M.S.Swaminathan (Prof)	Member of Parliament, Member of National Advisory Council and Chair, Coalition for Sustainable Nutrition Security
3	Abhijit Sen (Prof)	Member, Planning Commission
4	B.K.Chaturvedi (Mr)	Member, Planning Commission (In Chair)
5	Dr. Syeda Hameed	Member, Planning Commission
6	Arun Maira (Mr)	Member, Planning Commission
7	Krishnaswamy Kasturirangan (Dr)	Member, Planning Commission
8	Narendra Jadav (Dr)	Member, Planning Commission
9	N.K.Sethi (Prof)	Sr. Advisor (Health), Planning Commission
10	Rupa Dutta (Ms)	Director, WCD, Planning Commission
11	Deepika Srivastava (Ms)	Consultant, WCD, Nutrition, Planning Commission
12	D. Meher (Mr)	Consultant, WCD, Planning Commission
13	Ajita Vidyarthi (Ms)	Consultant, Planning Commission
14	Astha Kapoor (Ms)	Consultant, Planning Commission
15	A.R. Nanda (Mr)	Executive Director, PFI
16	Prema Ramachandran (Ms)	Director, NFI
17	B.K.Tiwari (Dr)	Advisor, Nutrition, MHFW

18	Kumkum Marwah (Ms)	Jt. Technical Advisor , MWCD
19	O.P.Sarohi (Mr)	Deputy Secretary, MWCD
20	Shilpi Sharma (Dr)	YP, MFW Dir
21	R.V.P. Singh (Dr)	Director, MWCD
22	Arundhati Singh (Ms)	Deputy, Adv (Health), MHFW
23	Bharat Lal (Mr)	Director, DODWS, Ministry of Rural Development
24	J.M.Pathak (Dr)	Add. Secretary, Ministry of <i>Panchayati Raj</i>
25	Rajiv Tandon (Dr)	Coalition Coordinator
26	Laxmikant Palo (Mr)	Coalition Secretariat