

**Workshop Report**  
**on**  
**Karnataka Multi Sectoral Nutrition Pilot Projects**  
**Implemented under Karnataka Comprehensive Nutrition Mission**  
**(KCNM)**  
**through**  
**Karnataka State Rural Livelihood Promotion Society (KSRLPS)**

**02.02.2017**



Empowerment through livelihood



Government of Karnataka



GOVERNMENT OF KARNATAKA

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**Department of Rural Development & Panchayat Raj,**  
**Government of Karnataka**  
**and**  
**World Bank**

# WORKSHOP REPORT

## 1. Background

1.1 Malnutrition is a major public health emergency in India today, with about 50% of the population suffering from it in some form or the other viz. protein-calorie deficit and/or micro-nutrient malnutrition. It is the underlying cause of substantial number of deaths of under - 5 children in the country. Even if it does not lead to death, malnutrition including micronutrient deficiencies, ends up in stunted growth that often leads to permanent damage including impairment of physical growth and mental development, and adds to health care costs.

1.2 India's nutritional indicators are a cause of concern and progress in their improvement has been extremely slow. The nutrition scenario in Karnataka on indicators like the IMR, under 5 mortality and morbidity rate, under-three age stunted children, under-three underweight children, prevalence of anaemia, Maternal Mortality Rate (MMR,) Chronic Energy Deficiency indicators of women and prevalence of anaemia among women between the ages 15-49 is far from satisfactory.

1.3 Realizing the gravity of situation, Hon'ble Chief Minister of Karnataka in his Budget speech on March 5, 2010 announced, "The number of children suffering from malnutrition is very significant in our State. Special efforts are required to be made for overcoming this problem. The Government proposes to start a Comprehensive Nutrition Mission. A provision of Rs 5 Crore will be made for this for a pilot project." Karnataka is the first State in the country to have announced a Comprehensive Nutrition Mission.

## 2. Introduction to the Workshop:

2.1 In this backdrop, the Karnataka Comprehensive Nutrition Mission (KCNM), through the Karnataka State Rural Livelihoods Promotion Society (KSRLPS) with support from the World Bank and the Japan Social Development Fund (JSDF) is implementing the Multi-Sectoral Nutrition Pilot Project in Devadurga Block, Raichur District and

Chincholi Block, Gulbarga District. The implementation of the Pilot Project started in July 2015.

2.2 The Pilot Project is not a food programme alone. It is a comprehensive programme that first attempts to bridge the information/awareness deficit regarding proper nutritional and health practices within the family and community, and within their purchasing power. Thereafter, it proceeds to bridge the nutritional dietary gap for the targeted groups, namely, infants below 3 years, adolescent girls, and pregnant women with the objective of preventing underweight, stunting and wasting; low Body Mass index among adolescent girls; and ensuring improved weight gain among pregnant women to prevent low birth weight infants.

2.3 The KCNM aims to eradicate the problem of malnutrition by introducing innovative strategy shifts that include the following:

- i. Adopting the inter-generational, life cycle approach by addressing the nutritional needs of infants, children, adolescent girls and pregnant and nursing mothers.
- ii. Bridging the calorie-protein micronutrient deficit among the inter-generational target groups by providing appropriate energy dense fortified supplementation for consumption.
- iii. Accelerating, integrating and tightly monitoring multi-sectoral ongoing programmes that have impact on malnutrition, such as Immunization and Vitamin A Supplementation, Anaemia Control, Water and Sanitation, etc., and achieving convergence between the ongoing programmes so that they operate simultaneously, and filling programmatic gaps.
- iv. Increasing programme coverage by demand creation by involvement of the community, NGOs, SHGs and Village Panchayats.
- v. Launching a sustained general public awareness campaign, through the multimedia and interpersonal communication mode to reach the general public, especially at the grass-roots, regarding proper nutritional practices within existing family budgets and proper child and maternal care and create demand for government programmes.
- vi. Make available low cost energy foods for the general population through Public Private Partnerships.

2.4 Considering that it has been nearly two years since the implementation of the project, a Workshop was organised on 2nd February 2017 to explain to all stakeholders within and outside Government regarding the strategy and interventions of the

comprehensive and inter-sectoral approach to combat malnutrition, to obtain feedback on the lessons learnt and the early, positive results; determine the capability of the project for up-scaling; discuss the need for motivating the private sector to produce low cost Energy Food for the open market and elicit expert opinion on the introduction of 30 hour module developed by KCNM on Food/Nutrition Security and Public Policy in the Post Graduate programmes for public policy, nutritional sciences and social work.

### **3. Participants:**

3.1 The workshop was attended by 76 participants and included senior government officers, academicians, staff of NGOs, industry representatives and practioners. Representatives of the media were also present. The list of participants is at Annexure 1.

### **4. Inaugural Session:**

4.1 The Workshop was inaugurated by Shri Subhash Chandra Khuntia, IAS, Chief Secretary, Government of Karnataka. Shri Ranganath, IAS (Retd.), former Chief Secretary, Government of Karnataka, Vice Chairman, and Karnataka Higher Education Council was the Chief Guest. Ms Sushama Godbole, IAS, MD, National Rural Livelihood Mission (NRLM) welcomed the guests and gave a background of the workshop.

4.2 Dr Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj, Government of Karnataka, in her opening remarks, pointed out that while Karnataka is showing good economic growth, the same cannot be said about the nutritional aspect. Poor nutritional status adversely affects the cognitive functioning and learning levels of children. Inadequate/improper nutrition particularly of children below 3 years of age leaves irreversible damage. She lauded the efforts of KCNM in selecting the most backward districts for the pilot implementation of the project, and said that if the projects can be successful in these two blocks, they can be successful anywhere. It would also pave the way for replicability and engagement of partners, particularly

women, to manufacture nutritional supplements such as EDFs at affordable costs. This would also lead to women's empowerment. She felt strongly about the need for including nutrition as a part of academic curriculum for students.

4.3 Ms Mohini Kak, Senior Public Health Specialist, World Bank, highlighted the salient features of the project and its true comprehensive scope, based on the life cycle approach; focus on convergence of services having an impact on nutritional status, for instance sanitation; and strong leadership and ownership by both Government and Karnataka Comprehensive Nutrition Mission. While the early trends from the implementation perspective have been positive, there is a need for further discussion on the modality for nationwide scalability – whether to take the project as a model by itself, or adapt elements of the project or any other learning.

4.4 Ms Veena Rao, IAS (Retd), Advisor, Karnataka Comprehensive Nutrition Mission, presented the background of the project and its genesis. She informed that the project was being implemented through the Rural Development Department because of its inter-sectoral nature. Rural Development by its very nature is inter- sectoral , converging all developmental activity in the Zilla Panchayats and Taluka Panchayats, particularly in relation to women and child development , health, water and sanitation, which have a direct bearing on the nutritional status. She explained the special inter - generation strategy being used in this project, simultaneously addressing the nutritional and health requirements of infants, adolescent girls and pregnant and lactating mothers and the real time monitoring of each beneficiary. Citing the NNMB statistics from Technical Report No 26 on nutritional status, she pointed out the vast micro and macro nutritional deficits among the population, in all age groups and both the genders. Realizing the gravity of situation in the state, Karnataka was the first state in the country to have announced a Comprehensive Nutrition Mission. She thanked Shri Ranganath, the then Chief Secretary for making it happen in the year 2012. She referred to the vacuum in the Indian market for low cost energy foods, and said that it is presently filled up by junk foods and tobacco based products. This market vacuum is to a large extent responsible for persisting under-nutrition and micronutrient deficiency among children, women and

adolescents among the poorest sections of the population. There is an urgent need to make energy dense foods available to this segment of the population if the problem of malnutrition is to be overcome. Presently there are no low cost, high energy foods available in the market for purchase and if cash transfers in lieu of supplementary food programmes are made in future, there would be no product available in the market for purchase. There is a need to look at various strategies like partnering with the private sector to set up viable units for production of low cost high Energy Dense Food (EDF) for the open market. Another important aspect that she brought to the notice of the gathering was the need for including food and nutrition as a part of the public policy curriculum. She referred to the 30 hour module prepared by KCNM which needs to be discussed and implemented.

4.5 Shri Alok Kumar, IAS, Advisor, NITI Aayog, Government of India, New Delhi, hoped that the project would generate sufficient evidence and learnings for scaling it countrywide. Analysing the issue of malnutrition in the country, he said that it is strange that with its current level of economic development, it has not been able to succeed satisfactorily in its efforts towards tackling the problem of malnutrition. This being the situation, he referred to a few shortfalls which need to be looked at critically:

- i. Lack of geographical convergence of large programmes which have complementary inputs to tackle the problem of malnutrition for eg, major programmes which address the issue of malnutrition like ICDS (High Burden Districts with focus on nutritional status), NRHM (High Priority Districts with focus on health indicators, and ISNIP (World Bank supported project with focus on ICDS restructuring) when mapped on geographical coverage, are commonly implemented only in 11 Districts.
- ii. Lack of programmatic convergence spreading the resources thin – Same beneficiary groups are targeted by different departments, for eg. adolescent girls in SABLA (ICDS) and Rashtriya Kishor Swasthya Karyakram (NHM).
- iii. Results of a project/ programme are not commensurate with budgets, thereby establishing the need for effective delivery at field level.
- iv. Inaccurate data which affects monitoring and measurement of project progress and for holding personnel accountable. In this regard he spoke of the digitisation efforts towards obtaining data on a daily basis, which would eliminate the need for large scale surveys.

- v. Nutritionally rich foods at the village level are not accessible for children. Effort at working closely with industries and motivating them to meet this segment of the market is required.

4.6 Shri Ranganath, IAS (Retd.), former Chief Secretary, Government of Karnataka, Vice Chairman, Karnataka Higher Education Council, hailed the project for its uniqueness in terms of addressing the twin issues of intergenerational inequities and its resolution. He referred to Prof. Ramalingaswamy who talks of malnutrition as a south-asian enigma (in the paper Ramalingaswami, V. U. Jonsson and J. Rohde. 1996. *The Asian Enigma: Progress of Nations*. New York: UNICEF) and expressed serious concern that the nutritional status of children in our county is graver than the Sub-Saharan countries. The nutritional data as indicated by the baseline in the selected projects is appalling and calls for action. While nutritional supplements to address the problem are fine and laudable, there is a need to look at long term sustainable solutions using local and natural foods. Training the community in these efforts is very important. He also emphasized that any nutritional programme for children will be successful only when the status of women is improved. He corroborated this with the example of Bangladesh where women are empowered as substantiated by the presence of large number of women in workforce; many elected representatives and with more girl children in schools. Even in India, there have been positive impacts when women were engaged in the white revolution. Further, he quoted from studies by James Heckman on the importance of early childhood care as an investment for greater dividends and stressed on the need for appropriate and adequate nutrition for proper cognitive growth among children. He stated that the magnitude of malnutrition is sometimes not recognized by policy makers who go by previous year's budgetary allocations while planning, which in itself may be abysmally low. Hence, impact remains low because of incomplete interventions and low funding. He emphasised the role that media could play in initiating a public discourse on the issue of malnutrition.

4.7 Shri Subhash Chandra Khuntia, IAS, Chief Secretary, Government of Karnataka, gave the presidential address. He said that the problem today is not one of non-

availability of food, but of consumption of balanced food to meet the nutritional requirements. If this is accorded priority, human development will take place and economic development would soon follow. He substantiated this by citing the experiences of Cuba where the 'Basic Needs Approach' is followed wherein nutrition, health and educational facilities are given to all. The intergenerational approach of the project assumes importance as it addresses the nutritional needs of pregnant women, children and adolescent girls. The results of the project are encouraging. There is a need to converge the services of ICDS catering to children below 6 years of age as also to extend the ambit of the Right to Education Act to secondary level of schooling, so that a large number of children benefit from nutritional interventions. Tracking every child at anganwadi centres and schools, as in the pilot project, would be highly beneficial to plan for effective services. There is a need to create greater awareness among all local stakeholders -AWWs, health workers, panchayat members, NGOs, media and the like about the issue and their role in addressing this great challenge at grassroots level. He assured of extending all support in implementing the project and in up scaling it.

## **5. Proceedings of the Workshop:**

The Workshop had four sessions with the following themes:

- Session I      Lessons from the Pilot Project – Taking them forward.**
- Session II     Introduction of a 30 hour module on food/nutrition security and public policy in the post-graduate programme for public policy.**
- Session III    Introducing Low Cost Energy Dense Foods in the market: Monitoring the private sector.**
- Session IV     Next step and action points**

The Workshop schedule is at **Annexure 2.**

### **5.1 Session I:**

The session on *Lessons from the Pilot Project – Taking them forward* was chaired by Shri Alok Kumar, IAS, Advisor, NITI Aayog, Govt. of India, New Delhi.

The speakers included:

Ms Uma Mahadevan, IAS Principal Secretary, Department of Women and Child Development, Govt. of Karnataka

Ms Mohini Kak, Senior Public Health Specialist, World Bank

Shri Anirudh Sravan, IAS, Chief Executive Officer, Zilla Panchayat, Kalaburagi District

Shri Kurma Rao, IAS, Chief Executive Officer, Zilla Panchayat, Raichur District

5.1.1 Ms Uma Mahadevan shared some important concerns on the issue of malnutrition which she said, warrant attention:

- i. Availability of accurate data- For the effective implementation of any programme, reliable and valid data is a must. The latest NFHS IV data is presently available only for 17 states, inclusive of Karnataka. The data itself has come after 10 years and data in full form is required for any analysis, drawing comparisons and planning the road map.
- ii. Linking of parameters: Efforts towards analysing linkages between various parameters - supportive or disruptive, are essential from a programmatic perspective. Illustrative is the link between number of young married women between 20-24 years married before 18yrs and child marriage. Although figures show a declining trend in the state, the fact that some are married below the prescribed age indicates not only their rights violation, but also the fact that they would be undernourished and anaemic at the time of marriage. Similarly, while the data on stunting shows a decline, wasting has gone up. This happens in a context like drought, shortage of nutritious food etc. There is also a link between wasting and diarrheal diseases. While large number of AWCs are run in own buildings, some do not have toilets. Efforts have been made by the Women and Child Development Department to improve sanitary coverage.
- iii. Supplementary Nutrition in ICDS: The nutrition services in ICDS are supposed to be supplementary in nature and not a substitute. This needs to be kept in focus while seeing its impact on nutritional status of children. She provided information about the number of initiatives that have been taken by the government to improve nutritional status of children like providing milk under Ksheera Bhagya Scheme, eggs for SAM children, medical allowance of Rs 2000/- for purchase of medicines, health check-up, etc. Eggs are also provided to children in High Burden Districts and SC/ST groups to improve their nutritional status. Hot cooked meals have been launched as a pilot project in four Talukas of the state. There is a move towards height measurement to monitor stunting. Software is being piloted in 4 projects which tracks children, achievement of development milestones, sends SMS alerts to parents for immunization, etc. During the discussions, suggestions came up regarding the need for assessing weight gain during pregnancy to identify at-risk mothers; and synergy of efforts to avoid replications.

5.1.2 Ms Mohini Kak highlighted the key takeaways of the project:

- i. Behaviour change communication- house to house visits, follow up meetings, individual counselling, mass media strategies, multi-layered family communication have been well structured and done effectively.
- ii. Data usage – Capacity building of project personnel for keying in valid and reliable data and its usage for course correction and decision making.
- iii. Engagement of the community- the project has a larger reach, particularly women as it is anchored by the Livelihood Mission, which works with self help groups. Reaching out to many women and not just the targeted beneficiaries of the project has made a difference.
- iv. Access to food: Dietary diversity for basic consumption has been well advocated.

5.1.3 She concluded by saying that for up scaling, the pilot project can serve as a model or the elements in the project that have worked, can be taken forward.

Shri Anirudh Sravan. P, IAS, Chief Executive Officer, Zilla Panchayat, Kalaburagi District, presenting his observations on the lessons learnt, spoke briefly about the profile of Chincholi Taluka where the pilot project is being implemented. It is one of the most backward areas of the state. Agriculture is the main occupation and the presence of industries is hardly seen. There is a huge concentration of Lambani community. Sharing his experiences on project implementation, he acknowledged that features like its multi-sectoral nature and its anchorage by the Rural Development Department have contributed to its effective implementation. The idea of packaged nutritive food is also good and is likely to raise the bar for Anganwadis. However, there are a few challenges like:

- i. Language is a major issue for communication. The dialect spoken by this community is very different and not many of them understand Kannada, the official language of the state. Even the learnings of children in school are affected because of this issue.
- ii. Administrative issues are overwhelming. Large number vacancies in the health, revenue and allied departments affect governance. Human resources at the field level lack the skills to understand the modern technology. Digital connectivity is poor.
- iii. Traditional practices in child rearing are widely accepted and practiced even if unscientific.
- iv. Advocacy interventions are well implemented, but those which need literacy skills like wall writing fail as the literacy levels are low.

- v. Honorarium given to village nutrition volunteers is poor and leads to high attrition.

5.1.4 Looking at the road ahead, he had a few suggestions to offer:

- i. Strengthening of the existing machinery like AWWs, ASHA, mid-day meal cooks to deliver effective results. Greater capacity building efforts to improve their capability in enhancing the nutritional status of women and children.
- ii. Need to look at improving livelihoods. While a milk chilling plant has been set up in the taluka, its impact on the nutritive levels needs to be seen. Poultry and dairy farms could also be looked at as livelihood interventions.
- iii. Jowar and seasonal vegetables are largely consumed by the community. A study of their eating pattern will help in suggesting those supplementary foods that need to be a part of the diet which are affordable and acceptable.
- iv. Concurrent monitoring to ensure the data is sanitized and not biased.

5.1.5 Shri Kurma Rao, IAS, Chief Executive Officer, Zilla Panchayat, Raichur District also began his presentation by providing a brief profile of Devadurga taluka, which is a backward district of the state. While reiterating that the Behaviour Change Communication is a unique feature of the project, he had a few suggestions to make for effective project implementation:

- i. Grams are widely grown but hardly used in the community as they are not aware of the benefits. Efforts at changing their food habits to use nutritional foods in their daily diet are needed.
- ii. Need for synergy between nutrition services and other services like sanitation.
- iii. Burdening of grass root staff with food distribution activity side-lines the nutritional focus. Effective mechanisms for food distribution and to reach the food to the delivery point without pilferage and leakage are required.
- iv. Wider usage of local foods in the nutritional programmes will ensure its easy acceptance
- v. Convergence of services at the grass root level by AWWs, ASHA, school teachers is very important for improving health and nutritional status.
- vi. Community engagement will surely ensure project success besides establishing its sustainability. Intensive efforts towards this are required.

5.1.6 An open house discussion threw up some more suggestions:

- i. Use of community radio for wider reach of messages. Dissemination should be in local language for better understanding.
- ii. Use the parameter of height measurement in AWCs and provide adequate training to the personnel on this aspect

- iii. The growth period between 6-12 months being the most critical in the child's development, a thorough review and analysis needs to be carried out on the data of children in this age group, on identified parameters.
- iv. All interventions need to be adequately funded. Sub optimal funding should not be accepted as the results would be impacted.
- v. Malnutrition and non-communicable diseases are closely linked. The message that 'healthy babies, less chances of such diseases', should be advocated.
- vi. Supplementation of foods on a continual basis by the Government is not always possible. Promoting best food practices in the community is a sustainable solution.

## **5.2 Session II**

5.2.1 Shri S.V. Ranganath, IAS (Retd), former Chief Secretary, Govt. of Karnataka, Vice Chairman, Karnataka Higher Education Council chaired the session on ***Introduction of a 30 hour Module on Food/Nutrition Security and Public Policy in the Post-graduate*** Programme for Public Policy (Background Paper on Module is at Annexure III).

The Speakers for this session were:

Ms Shalini Rajneesh, IAS, Principal Secretary, Health and Family Welfare, Govt. of Karnataka.

Shri Jawaid Akthar, IAS, Principal Secretary, Medical Education, Govt. of Karnataka.

Dr G.N.V. Brahman, Scientist 'F' (Retd.), NIN, ICMR.

Dr Srilatha Rao Seshadri, Professor, Public Health, Azim Premji University.

Dr S.A. Kazi, Professor and Head, Department of Social Work, Karnataka State Women's University, Vijayapur.

Dr Shanta Maria, Dean Faculty of Home Science, Mount Carmel College, Bangalore.

5.2.2 Shri Ranganath chairing the session reiterated the important linkage between the nutritional status of the population of a country and its development. He said, India is saddled with the problems of micro nutritional deficiency and chronic nutritional deficiency and sadly, these issues are not getting due attention. There is hardly any public debate on the subject. He stated that Universities need to address the issue with an interdisciplinary approach. Universities should provide thought leadership and mould the students' thinking and perspectives. Those who graduate can help the policy makers to address the issue more meaningfully. He said that the draft module would be carefully

reviewed by an expert committee constituted by the Higher Education Council. The Council after this exercise would advise the Universities regarding introduction of the module in its curriculum.

5.2.3 Ms Shalini Rajneesh suggested that a mother-child tracking system be introduced particularly flagging those with malnutrition. Fixing of responsibility, taking action and reporting feedback should be made mandatory to effectively address the issue of malnutrition. She also pointed out that Multi-Purpose Supplementary Food Production Centres (MSPC under ICDS) were in operation in all the Districts, there were Self Help Groups of women in all villages who have the capital and their services could be immediately availed for manufacturing EDF. This would also provide them with income generating activity.

5.2.4 Shri Jawaid Akthar observed that whenever nutritional issues are being addressed, they are child centred as is the case in ICDS. While approaches to health issues are quite focussed, since nutrition is sectoral with need for interventions from varied sectors like water and sanitation, health, food and civil supplies, agriculture and health, the focus towards it is difficult. Hence, multi-sectoral approach, as in the present pilot project, is crucial in tackling the problem of malnutrition. He expressed that the module on Food/Nutrition Security is as much essential to medical education as it is to public policy. The medical graduates need to be oriented too, to the subject as they are the primary health caregivers. However in their case, there is also a need for greater emphasis on micronutrient supplementation

5.2.5 Dr Brahman appreciated the initiative taken by the KCNM in preparing a module on Food/Nutrition Security. He said that the content is well structured with adequate practical orientation. He expressed that all stakeholders need to be appraised on the nutritional aspects. Talking about the project, he stressed on:

- i. Need for assessment, analysis and action at every level to reach any cognizable outcomes.
- ii. Promoting indigenous efforts like the use of local events calendar for estimating the month of birth for accurate assessment of nutritional status.

- iii. Propagating usage of locally grown food grains/vegetables and fruits for ensuring sustainability of the programme and utilizing appropriate behaviour change communication towards this.
- iv. Careful planning for scaling from pilot, controlled conditions to a larger scenario wherein conditions may vary enormously.

5.2.6 Dr Srilatha Rao lauded the module for its comprehensiveness that covered:

- i. Historical perspective of risk and vulnerability particularly from colonial to present times.
- ii. Emphasis on intersectionality –caste, class and gender to point out to different kinds of vulnerabilities.
- iii. Consolidation of global learnings and its appropriate application to Indian scenario.

5.2.7 She suggested that the module could have:

- i. More focus on the issue of governance.
- ii. Strategies to build family commitment, engagement and awareness.
- iii. Empowering communities to hold programme managers accountable and creation of teams within community who are in general accountable for programme delivery.
- iv. Effective utilization of data for decision making in addressing the nutritional issues.

5.2.8 Prof. S A Kazi was appreciative of the course module and expressed that Karnataka State Women's University was definitely interested in implementing the course. Making a power point presentation, he pointed out that Karnataka State Women's University, Vijayapur, was already running Post Graduate and Doctoral programmes on Food and Nutrition as also other courses on the theme through technology park-Ananya. He was of the view that this module which has a thrust on public policy could well be integrated with them. It could be a part of select post graduate programmes like Women Studies and Social Work in all Universities of the State too. There would be operational requirements like faculty, appropriate curriculum to cater to students from the streams of Science and Social Science, adequate budget etc.

5.2.9 Dr Shantha Maria making a power point presentation on the subject pointed out that students studying Nutrition need to definitely study Public Policy and vice versa. While they would mutually benefit academically from such inter - disciplinary approach, they would also be able to contribute better to the policy making and its implementation.

Drawing parallels between the subjects, she said that the students of nutrition need to understand the linkages between their subject and the policies that impact the quality of life for eg. they need to understand the issues of food security, hidden hunger, income vs food consumption, nutrition and food productivity, price subsidies and caloric consumption from the perspective of policy in existence and its implementation. Similarly the students of public policy need to have an insight into the policy in implementation, alternatives considered for addressing an issue, reasons for rejecting some alternatives, and the trade-offs in the selected policy. She drew attention to the need for framing curriculum from an integrated and inter-disciplinary perspective, by way of an example:

<b>Public Policy</b>	<b>Food and Nutrition</b>
Ability to define a problem	For Example : Malnutrition
Establishing Goals	To overcome Low Birth weight
Selecting a policy	To monitor pregnant women
Implementing a Policy	Strategy adopted by government (central /state) - implementing action
Evaluating a Policy	Out come

5.10.10 She felt that public policy should be a part of higher education cutting across all academic disciplines like agriculture science, education, health, technical education, physical and biological sciences, social sciences and humanities. It would be of relevance to various professionals too like administrators, academicians, business heads, researchers etc. She expressed that the course module is well thought of and could be introduced as mandatory or an inter disciplinary paper with credit points. She suggested that such a course could encompass e-module, self study, contact workshops, field exercise, examination and internship in the field through government. She stated that such a module could also be introduced as an in-service course for departmental promotions or career advancement in the relevant departments.

### **5.3 Session III**

5.3.1 Dr N Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj chaired the session on Introducing *Low Cost EDF in the market – Motivating the Private Sector.*

The following speakers shared their thoughts on the subject:

Dr Arijit Chakrabarty, GAIN

Shri Dinesh Hegde, Representative, FICCI; Pragathi Industries

Shri Vinay Kumar, Director, ISKON

Annexure IV presents the concept paper on “Low Cost EDF in the market – Motivating the Private Sector.”

5.3.2 Dr Nagambika Devi opened the discussion about involving private sector in manufacturing EDF, and pointed out that to achieve market penetration, few issues like ensuring its affordability, palatability, quality and accessibility even in the most remote areas, need utmost attention. She said that Karnataka has an enabling environment for start-ups. There is a need to motivate women SHGs to use this opportunity to become entrepreneurs. They will need guidance and mentoring to start the business. Using Corporate Social Responsibility funds for this initiative can also be explored. Also vital is to provide wide advocacy and publicity to the business opportunity available in this field to attract ventures. Not many are aware of the business idea and volumes for EDF production. She assured that Government would extend all support to provide linkages required for this business.

5.3.3 Dr Arjit Chakrabarty analysing the market scenario for EDF emphasised that for an Industry, there needs to be a business case. In case of EDF, he stated that there is an adequate demand for this kind of food, people have aspirations, size of the market is large, and an enabling environment is also present. What is required is for the market players to enter into the arena to make EDF affordable and accessible. Citing the example

of iodised salt marketed by Tata Salt and I-shakti which are differentially priced and cater to different sections of the buyer's market largely owing to cost optimisation on transport, he said that the larger players which are 'for-profit commercial ventures' could work out strategies to enter into the lower end market as there is not only a business case, but the social benefits are high. One could also explore motivating small enterprises to cater to the local market. It makes sense to have inclusive business which serves the needs of the poor through profitable commercial operations.

5.3.4 Shri Dinesh Hegde in his power point presentation, drew the attention of the group to the magnitude of malnutrition in the country. He expressed that industries need to come together and partner with the government to address the issue of malnutrition. EDF is a viable business that could be set up as local Industry. Presently the larger pharma companies are making nutraceutical products for elite community. It is high time that these products are also made at affordable costs for the consumption of lower end market and motivating Small Enterprises to engage in this business. The government needs to be an enabler for these initiatives to become successful. He assured all support from FICCI for this initiative.

5.3.5 Shri Vinay Kumar made a detailed power point presentation on the hot mid day meal supplied by Akshay Patra, reaching 4.5Lakh of children in the state. The Memorandum of Understanding has been signed with the Education Department of Government of Karnataka. The goal of this activity is to improve the nutritional and health status of schoolchildren in Karnataka by providing them access to essential micronutrients and promoting health-enhancing behaviours. Presenting their business model, he informed that foods are fortified - double fortified salt, fortified analogue soya dal and fortified rice kernels. The meal is also prepared under strict hygienic conditions, which minimizes exposure to germs via food contamination. It is affordable, tasty and certainly nutritive. The volumes are large. Besides children, the services have been extended to include others who may be malnourished like beggars in rehab centres, patients in government hospitals, construction site workers, blue collar workers in private industries particularly garment factories which have women intensive labour force and

municipality workers engaged in solid waste management. Akshay Patra has undertaken feeding of anganwadi children in the age group of 3-5 years in Gujarat, Rajasthan, Uttar Pradesh and Bangalore Municipality. He invited partners and thought leaders to use their services. He stated that Akshay Patra would be happy to provide any kind of support for distribution or outreach for this initiative.

5.3.6 In the open house discussion, some more concerns and suggestions emerged:

- i. Larger players have a strong hold of the food market and the entry of small players is strongly resisted.
- ii. Demand for low cost energy foods should be created by having attractive flavors, packaging etc to make it interesting to the kids. The marketing of foods should be akin to Kurkure, noodles, chips etc which is available in every nook and corner of the country.
- iii. India is mostly rural in nature and diverse in its food preferences. Energy foods have to cater to this need.
- iv. The terminology 'EDF' needs to be revisited as it is normally associated with food provided to SAM children.

#### **5.4 Session IV:**

5.4.1 Shri T.M. Vijay Bhaskar, IAS, Addl. Chief Secretary & Development Commissioner, Government of Karnataka led the discussion on *Next steps and Action Points*. Speakers who shared their thoughts on the theme included:

Ms Veena S Rao, IAS (Retd), Advisor, KCNM

Dr N Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj, Government of Karnataka

Dr Suresh K Mohammed, Senior Health Specialist, World Bank

Shri Ramachandra Rao, Team Leader, Karnataka Health Promotion Trust

5.4.2 Ms Veena Rao presented an overview of the discussions that had ensued during the day. She highlighted the key concerns that emerged during discussions regarding project implementation and the suggestions that emerged for improvement. She assured that data cleaning wherever required will be taken up. The next steps towards scaling up will be reviewed, whether to dovetail the components of the pilot project particularly the unique

features like Behavior Change Communication with existing programmes; or if the project provides sustained results, then work out its up-scaling in the other backward and severely malnourished blocks in the state and also recommend to Niti Ayog an evidence based model to address the issue of malnutrition, for implementation where needed. She also informed that the response towards the module particularly academia was encouraging and the next step would be taken to approach the Higher Education Council for further review by an expert committee. Discussion on the move towards motivating the private sector to take up the manufacture of EDF was optimistic with the Government having an enabling policy for start ups. She pointed out that sustainable production of food can happen only with the market and by keeping government intervention minimal. She also said that the suggestion on engaging women SHGs in this process was welcome and efforts towards this will be initiated.

5.4.3 Dr Suresh Mohammed suggested that the market for EDF is quite large if the boys are also brought into the ambit as many are malnourished in this group too. Also the period of adolescence is quite an extended period and offers ample scope for consumption. He was appreciative of the efforts of the CEOs and the personnel of the pilot project who are all very motivated. He said that all implementation stake holders have made it a centre of excellence for project implementation. However, there is scope for more efficiency at the grass root level where more coordinated efforts would lead to better outcomes. Going forward, there is a need to strengthen the volunteers by providing cycles and weighing machines in view of their responsibilities. He also suggested that there is a need for enhancing the honorarium being given to the Village Nutrition Volunteers.

5.4.4 Shri Ramachandra Rao shared some of the challenges being faced by the project staff:

- i. Pilot project being implemented in the most backward Talukas, where the SC/ST population is high and majority fall below poverty line.
- ii. High attrition among staff particularly because of low honorarium. The project envisaged a part time engagement but with added responsibilities it has become a full time job for Village Nutrition Volunteers.

- iii. Need for cleansing of data collected by volunteers.
- iv. Inadequate information on Behavior Change Communication.
  - v. Large scale distress migration of families who move out after leasing their lands to outsiders during drought.
- vi. Sharing of EDF provided to girl children with their boy siblings.

5.4.5 He also gave some suggestions for consideration:

- i. Need for more or special interventions beyond EDF for SAM children.
- ii. Presently only 40% of the Taluka is covered by the project. There is a need to cover the entire Taluka. Adequate EDF production for this purpose can be achieved by revitalizing the existing defunct ICDS facilities.
- iii. More training to be given to women engaged in running the factory and empowering them on the lines of Kutumbashree run by Government of Kerala.
- iv. Intensive training to the staff on Behavior Change Communication.
- v. Enhancing the Honorarium of the Village Nutrition Volunteers.

5.4.6 Dr Nagambika Devi felt that the project has a bright future. However, she pointed out that the concerns expressed by the Partner NGO and World Bank warrant attention. Honorarium to the Village Nutrition Volunteers needs to be enhanced as it is meagre. The idea of including boys as beneficiaries to overcome the issue of sharing food is a sound one and merits review. Strategies to ensure this can be worked out. Regarding EDF, she expressed that fresh ideas for packaging are needed to make it attractive. Sometimes wet spoons are inserted into the storage bin making the entire food open to contamination. Considering such storage issues, it can be packed as 'use and throw' sachets. SHG federations can be encouraged to take up this venture. They can be extended all the facilities as a start up. Hand holding will need to be given till they become sustainable. A committee can be formed to standardize the food production operations which can then be shared with women groups. They can be encouraged to come up with ideas for variety in menu, packaging designs, marketing etc. Conversation with them about this is essential to motivate them. Scalability of the project at the state and national level definitely needs to be taken up after reviewing the learnings.

5.4.7 Shri Vijay Bhaskar expressed satisfaction at the outcome of deliberations of the workshop. Several useful suggestions have come up for consideration by Government,

for more effective implementation of the project and for introducing a module on nutrition and public policy. The GOK is quite concerned about the nutritional status of women and children and have made constant endeavors to make the state hunger free. Many initiatives like Ksheera Bhagya, Anna Bhagya etc have been introduced in this backdrop. He said that the results of the pilot project are eagerly awaited by the Government for looking into its scalability as it is a targeted intervention to tackle the issue of malnutrition. He assured that the government will continue to support all initiatives aimed at tackling the problem of malnutrition in the state as it has the dream of making the state hunger free.

5.4.8 Responding to the many suggestions that emerged during the course of the Workshop, he stated as follows:

- i. If the model is successful, it can be replicated in other Blocks. However, the issue of scalability needs to be reviewed from the perspective of cost per child in comparison with ICDS. If high, cost reduction is to be attempted for scaling up the project.
- ii. Effective coordination needs to be achieved to address the problem of malnutrition. A multi-sectoral approach with the departments responsible for child, women and maternal health care, nutrition, sanitation etc. working in tandem at the village level is required to have a meaningful impact of the interventions.
- iii. Sanitation is a crucial link to achieve nutritional gain. Taking into account the food security interventions namely food availability, access and absorption; sanitation plays an important role in ‘absorption’ and has a bearing on malnutrition. Hence there is a need to focus on providing sanitation facilities in the two pilot projects and making them open defecation free blocks.
- iv. The Nutrition Module could be incorporated by Universities in their courses on public policy, nutrition, public health, agriculture and social sciences.
- v. If the Module is well received, it can be scaled up with the support of Niti Ayog, Government of India.
- vi. There is a need to develop a pool of nutrition experts who can handle the module when it is introduced.
- vii. Addressing the concern about low honorarium of Village Nutrition Volunteers.
- viii. Karnataka has a ‘Grand Challenges Programme ’with the Department of Information Technology and Bio Technology. This start-up programme can be also be used to motivate the private sector for production of EDF to enable its accessibility to the needy public at a reasonable cost. Government would incentivize the private food companies to produce low cost energy foods for the open market and make it accessible and affordable for children, adolescent girls and boys, women, sick and the elderly from low income families.

5.4.9 Shri Vijay Bhaskar informed that he would call for a meeting with FICCI and food manufacturers to see how nutritive food production can be taken up at local level. He acknowledged that the project staff is working under challenging situations and they need complete support of the government and other stakeholders in sustaining their efforts. He concluded by stating that Devadurga and Chincholi being backward and challenging blocks, success achieved here would be the highest justification for easy replication elsewhere. He called upon all concerned to work together to make the project a success and assured of all support from his end towards this.

5.3.10 The workshop concluded with a vote of thanks by Shri Basavaraju, KAS, Chief Operating Officer, KSRLPS, who also anchored the programme.



**Annexure 1****LIST OF PARTICIPANTS**

<b>Sl No.</b>	<b>Name</b>	<b>Designation</b>
1.	Mr Subhaschandra Khuntia, IAS	Chief Secretary, GOK
2	Mr T.M. Vijay Bhaskar	Addl. Chief Secretary & Development Commissioner GOK
3	Mr S.V. Ranganath IAS (Retd)	Former Chief Secretary GOK, and Vice Chairman, Karnataka Higher Education Council
4	Dr N. Nagambika Devi, IAS	Principal Secretary, RD & PR, M.S. Building, Bangalore.
5	Ms Veena S Rao, IAS (Retd)	Advisor, KCNM, Bangalore.
6	Ms Uma Mahadevan, IAS	Principal Secretary, Women & Child Development, M.S. Building, Bangalore.
7	Ms Shalini Rajaneesh, IAS	Principal Secretary, Health & Family Welfare Vikasa Soudha, Bangalore.
8	Mr Alok Kumar,	Advisor, NITI Aayog, Govt. of India, New Delhi.
9	Mr Bharat Lal Meena, IAS	Addl. Chief Secretary, Higher Education.
10	Mr Jawaid Akhtar, IAS	Principal Secretary, Medical Education.
11	Ms Sushama Godbole, IAS	Mission Director, KSRLPS.
12	Mr Kurma Rao	CEO, Raichur District
13	Mr Anirudh Shravan	CEO, Kalaburgi
14	Mr Basavaraj	COO, KSRLPS.
15	Mr. Anil Rathod,	EO, Chincholi.
16	Mr Meera Nayak	EO, Devadurga

17	Ms Mohini Kak	Health and Nutrition Specialist, World Bank
18	Mr Suresh Mohammed,	Senior Health Specialist, World Bank
19	Mr ArjithChakrabarthy	Senior Programme Officer, GAIN
20	Dr Bhrahmam	Scientist 'F'(Rtd), National Institute of Nutrition, Hyderabad.
21	Dr Asna Urooj	Nutrition faculty of Mysore University.
22	Dr H. Y Swadi	HOD, Department of Social Work, Dharwad
23	Dr S. A Kazi	Department of Social Work, State Women's University, Vijayapur
24	K Lenin Babu	Department of Social Work, State Women's University, Vijayapur
25	Mr Kishore Attawar	Roshni Nilaya, Mangalore
26	Dr Kodandarama	HOD, Department of Social Work, Bangalore
27	Dr M. Bharathkumar	Regional Director, NIPCCD, Bangalore
28	Mr Ramachandra Rao	Team leader, Nutrition project, KHPT
29	Ms Agnita R.N	Nutrition project, KHPT
30	Mr Manjunath Doddawad	Nutrition project, KHPT
31	Mr Shivayogi B.M	Nutrition project, KHPT
32	Ms Mala Makheeja	M/s Akar Advertising and Marketing Pvt. Ltd.
33	Sri Vinay Kumar	Director, ISKON, Bangalore
34	Dr Shreelata Rao Sheshadri	Azim Premji Foundation
35	Dr Shantha Maria	HOD, Mount Carmel College ( Home Science)
36	Ms Sumathi Swaminathan	St. John's College, Bangalore.
37	Ms Gayatri Singh	UNICEF

38	Mr Khyati Tiwari	UNICEF
39	Mr K. Vishwanath	UNICEF
40	Dr M.S Tara	Consultant, KCNM
41	Mr Vijayananda	Dept. Of Information and Publicity
42	Mr D.A. Hegde	Prakruthi Products
43	Mr. Devaraju S.K.	Akshayapatra
44	Mr B Subramanyam	Akshayapatra
45	Mr Prashantha Kumar	Akshayapatra
46	Prof Y.S Siddegowda	Prof, Dept of Social Work University of Mysore.
47	Mr. Y. Mahankalappa	PRO, RD & PR
48	Dr Saraswathi	Ayush Dept.
49	Dr Lalitha	Ayush
50	Dr Arun Kumar	Deputy Director, H&FWD
51	Dr A.R. Aruna	Director, State Institute of H&FW
52	Dr Naveeda Khatoon	Asst. Director, NIPCCD
53	Dr Rajani M	Deputy Director, Child Health H&FWD
54	Dr Raj Kumar	H&FWD
55	Dr B.S. Anuradha	Consultant
56	Mr Surendra Kumar	NGO
57	Mr Prakash Kumar	KSRLPS
58	Ms Geetha N Bangari	KSRLPS
59	Ms Mamatha S	KSRLPS
60	Mr Sanjay P	KSRLPS

61	Mr R. Habib Kumar	KSRLPS
62	Mr Ashok Kumar	KSRLPS
63	Mr M.M. Ali	KSRLPS
64	Mr Sumanth	KSRLPS
65	Ms Vindya	KSRLPS
66	Mr M. Sudarshan	KSRLPS
67	Mr Arul Kani	KSRLPS
68	Ms Prathima	KSRLPS
69	Mr. Ramesh R.M.	Consultant (PMC), KCNM
70	Mr Ramesh Halbhavi	Consultant (HR & Admn), KCNM
71	Mr. Ganesh Moolya	Private Secretary to Advisor KCNM
72	Mr Satisha	Procurement Assistant, KCNM
73	Mr. Nagaraja D.C	Accounts Assistant, KCNM
74	Mr. Chethan S	Computer Operator
75	Mr. Varadaraju	Staff, KCNM
76	Mr Ramchandra K	Staff, KCNM

## Workshop Schedule

<b>Dept. of Rural Development &amp; Panchayat Raj, Government of Karnataka, and World Bank Karnataka Multi Sectoral Nutrition Pilot Projects implemented under Karnataka Comprehensive Nutrition Mission (KCNM) through Karnataka State Rural Livelihood Promotion Society (KSRLPS)</b>		
<b>Date: 02.02.2017 Venue: Hotel Capitol, Raj Bhavan Road, Bangalore</b>		
<b>Inauguration and Plenary Session : 10.00 am to 11.50 am</b>		
9.30 to 10.00 am	Registration	
10.00 to 10.05am	Inauguration	Shri Subhash Chandra Khuntia, IAS, Chief Secretary, Govt. of Karnataka
10.05 to 10.10 am	Welcome address	Ms Sushama Godbole, IAS, MD, NRLM
10.10 to 10.20 am	Opening Remarks	Dr N Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj, Govt. of Karnataka
10.20 to 10.30 am	Opening Remarks	Ms Mohini Kak, Senior Public Health Specialist, World Bank
10.30 to 10.40 am	Project Strategy and Progress	Ms Veena S Rao, IAS (Retd.) Advisor, KCNM
11.40 to 10.50 am	Special Address	Shri Alok Kumar, IAS, Advisor, NITI Aayog, Govt. of India, New Delhi
10.50 to 11.00 am	Address by Chief Guest	Shri S V Ranganath, IAS (Retd.) Vice Chairman, Karnataka Higher Education Council, Karnataka
11.00 to 11.25 am	Presidential Address	Shri Subhash Chandra Khuntia, IAS Chief Secretary, Govt. of Karnataka
11.25 to 11.30 am	Vote of Thanks	Ms Sushama Godbole, IAS, MD – NRLM
11.30 to 11.50 am	<b>Tea Break</b>	

<b>Session –I</b>		
11.50 am to 1.00 pm	<p><b>Lessons from the Pilot Project – Taking them forward</b></p> <p><b>Chair</b> Shri Alok Kumar, IAS, Advisor, NITI Aayog, Govt. of India, New Delhi</p> <p><b>Speakers</b> Ms. Uma Mahadevan, IAS Principal Secretary, Department of Women and Child Development, Govt. of Karnataka Ms Mohini Kak, Senior Public Health Specialist, World Bank Shri Anirudh Sravan, IAS, Chief Executive Officer, Zilla Panchayat, Kalaburagi District Shri Kurma Rao, IAS, Chief Executive Officer, Zilla Panchayat, Raichur District</p> <p><b>Discussion</b></p>	
<b>Session – II</b>		
1.00 to 2.15 pm	<p><b>Introduction of a 30 hour Module on Food/Nutrition Security and Public Policy in the Post-graduate Programme for Public Policy</b></p> <p><b>Chair</b> Shri S.V.Ranganath, IAS (Retd) former Chief Secretary, Govt. of Karnataka, Vice Chairman, Karnataka Higher Education Council</p> <p><b>Speakers</b> Ms Shalini Rajneesh, IAS, Principal Secretary, Health and Family Welfare, Govt. of Karnataka Shri Jawaid Akthar, IAS, Principal Secretary, Medical Education, Govt. of Karnataka Dr G.N.V. Brahman, Scientist 'F' (Retd.), NIN, ICMR Dr Shreelata Rao Seshadri , Professor, Public Health, Azim Premji University Dr S.A Kazi, Professor and HOD, Dept of Social Work, Karnataka State Women’s University, Vijayapur. Dr Shanta Maria, Dean Faculty of Home Science, Mount Carmel College, Bangalore</p> <p><b>Discussion</b></p>	
2.15 to 2.45 pm	<b>Lunch</b>	

<b>Session III</b>		
2.45 to 4.00 pm	<p><b>Introducing Low Cost EDF in the market – Motivating the Private Sector</b></p> <p><b>Chair</b> Dr N Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj</p> <p><b>Speakers</b> Dr Arijit Chakrabarty, GAIN Shri Vinay Kumar, Director, ISKON Shri Dinesh Chandra Hegde, Representative of FICCI</p> <p><b>Discussion</b></p>	
4.00 to 4.30 pm	<p><b>Closing session: Next steps and action points</b></p> <p><b>Chair</b> Shri T M Vijay Bhaskar, IAS, Addl. Chief Secretary &amp; Development Commissioner, Govt. of Karnataka</p> <p><b>Speakers</b>  Dr N Nagambika Devi, IAS, Principal Secretary, Department of Rural Development and Panchayat Raj, Govt. of Karnataka  Dr Suresh K Mohammed, Senior Health Specialist, World Bank  Shri Ramachandra Rao, Team Leader, Karnataka Health Promotion Trust  Ms. Veena S Rao, IAS (<i>Retd.</i>), Advisor, KCNM</p>	
4.30 to 4.40pm	<p><b>Vote of Thanks</b> Shri Basavaraju, KAS, Chief Operating Officer, KSRLPS</p>	
4.40 to 5.00 pm	<b>Tea</b>	

## BACKGROUND PAPER

### Karnataka Comprehensive Nutrition Mission

#### Karnataka Multi-Sectoral Nutrition Pilot Project

##### Project Background

The Karnataka Comprehensive Nutrition Mission (KCNM), through the Karnataka State Rural Livelihoods Promotion Society (KSRLPS) with support from the World Bank and the Japan Social Development Fund (JSDF) is implementing the Multi-Sectoral Nutrition Pilot Project in Devadurga Block, Raichur District and Chincholi Block, Gulbarga District.

Implementation of the Pilot Project started in July 2015.

**The pilot project aims at improving nutrition outcomes by adopting an inter-generational, life-cycle approach**, through interventions focusing on the nutritional and nutrition related needs of children from 0-3 years of age, adolescent girls, pregnant and lactating women.

The Intergenerational Cycle of Malnutrition and Poverty is at **Annexure -A**

**The Pilot Project is not a food programme alone.** It is a comprehensive programme that **first attempts to bridge the information/awareness deficit regarding proper nutritional and health practices** within the family and community, and within their purchasing power.

Thereafter, it **proceeds to bridge the nutritional dietary gap for the targeted groups**, namely, infants below 3 years, adolescent girls, and pregnant women with the objective of preventing child underweight, stunting and wasting; low body mass index among adolescent girls; and ensuring improved weight gain among pregnant women to prevent low birth weight infants.

The Strategy **begins with a strong focus on the indirect determinants of nutrition and conducting an intensive behaviour change communication campaign to improve household behaviours** regarding nutritional practices and care related to infants, children, adolescents, and pregnant and lactating women, within the household budgets.

It also **focuses on increasing access by families and targeted groups to the inter-sectoral services provided by prevailing Government programmes** that impact nutrition, particularly sanitation, immunization and safe drinking water.

**At the next stage, the strategy focuses on the proximate determinants of nutrition by providing fortified energy dense food (EDF) specifically formulated for the three inter-generational target groups, to bridge the protein-calorie-micronutrient gap in their diets.** This EDF is produced by women from local Self Help Groups who are working in Production Units that have already been set up in both Chincholi and Devadurga.

Production and distribution of EDF started in Chincholi on October 22, 2016 and in Devadurga on December 26, 2016. The EDF has been well received by the beneficiaries.

Global Alliance for Improved Nutrition, (GAIN) has provided support for setting up the EDF Production Units in both Chincholi and Devadurga.

The project is being implemented in partnership with the NGO, Karnataka Health Promotion Trust (KHPT).

### **Beneficiary details – Chincholi and Devadurga Blocks**

**Table-1**

<b>Taluka</b>	<b>Children 0-6 Months</b>	<b>Children 7-36 Months</b>	<b>Adolescent girls 11 to 18 years</b>	<b>Pregnant women</b>	<b>Lactating mothers</b>	<b>Total</b>
<b>Chincholi</b>	417	6038	8107	783	1660	17005
<b>Devadurga</b>	152	6522	8396	841	2090	18001
<b>Total</b>	569	12560	16503	1624	3750	35006

### **Project Interventions**

A **Village Nutrition Volunteer (VNV)** is appointed in each village by the partner NGO.

The VNV's first task is to create **Nutrition Cards** for all beneficiaries through which there is a monthly monitoring of height and weight, and several other parameters specific to the target groups, such as, initiation of complementary feeding among

children, immunization status, Vitamin A and the Iron and Folic Acid Programme, Sanitation and Safe Drinking Water.

**SHGs are strengthened**, and empowered through information and awareness on nutrition and health so that they can be active participants in bringing about behavior change.

**VNVs motivate and assist the families to apply to the Panchayats for construction of toilets in their homes.** After Mission intervention in October 2016, 909 toilets have been constructed and are being used - (430 in Chincholi and 479 in Devadurga Blocks) as at the end of December 2016.

The core activity in the project is the **regular house to house counseling regarding essential health and nutritional messages.** To prevent information overload and to ensure that the messages start getting absorbed by the families in a sustained manner, they are disseminated in phases, through household counseling, through flipcharts and charts, through radio and Cable TV and through wall paintings.

**Communication messages in the first phase focused on:**

1. The inter-generational cycle of malnutrition
2. Improving dietary practices within family budgets and encouraging consumption of traditional nutritionally rich local foods, such as, green leafy vegetables, tomatoes, local grains and pulses, commonly grown fruits like papayas, bananas etc.
3. Exclusive breastfeeding for infants during the first six months and complementary feeding after 6 months
4. Proper care of the girl child throughout her life cycle, with particular reference to intra-family food distribution and health care, and to improve the body mass index among adolescent girls and women
5. Prevention of anaemia among girls and women.

**The communication materials for the 2<sup>nd</sup> Phase have been finalized.** They focus on 6 subjects:

1. Educating pregnant women about the importance of proper birth weight of the infant and ideal weight gain during pregnancy and prevention of low birth weight
2. Advocating behavioural change in the family for additional nutrition to pregnant and lactating women

3. Providing families information regarding proper age of marriage for girls and of first pregnancy
4. Importance of weight monitoring and anaemia monitoring during pregnancy and also among adolescent girls. Encouraging consumption of IFA during pregnancy and lactation
5. Importance of institutional deliveries
6. Importance and benefits of consuming the Energy Dense Food (EDF) supplied under the Project

All interventions of the project have now been initiated and are in operation. Early results emerging from the projects from December 2015, (baseline) to July 2016 are very encouraging. (**Annexure -B- <http://www.karnutmission.org/present-projects.html> )**

**It may be safely concluded that these nutritional improvements can be related only to behavioural change** resulting from the household messaging and communication strategy developed by the Mission for the Pilot Projects.

It is expected that nutritional improvements will accelerate even faster during the next few months, after consumption of EDF by the beneficiaries has started in October 2016 in Chincholi, and December 2016 in Devadurga.

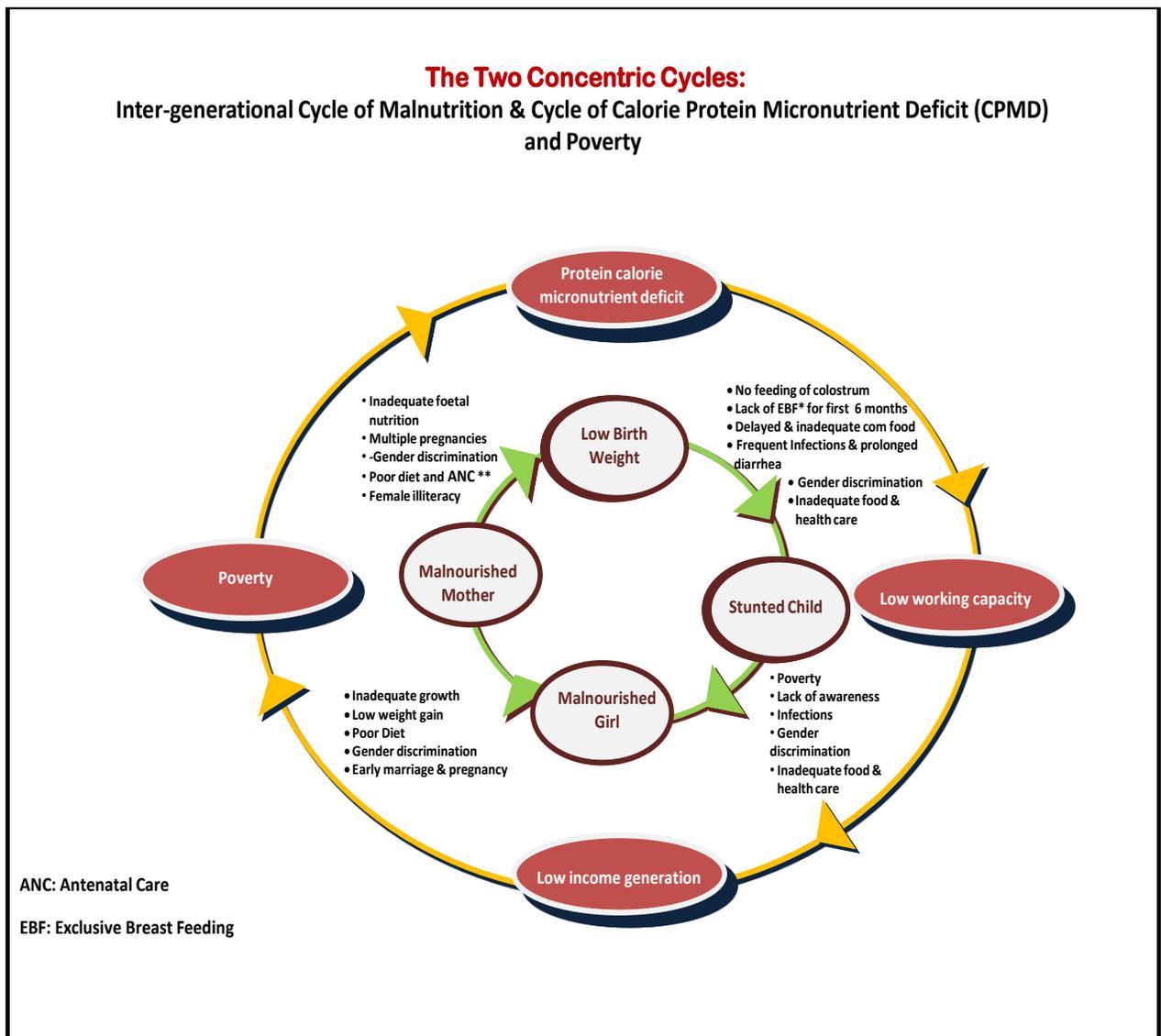
### ***EDF Composition for target groups***

**Table-2**

Ingredients	Age Group	Portion ( grams per day)
Whole wheat (50g) Ragi ( 15g) Green gram dal (15g) Defatted soya (10g) Sugar (10g) Vitamin Mineral Premix	6-12 months	50
	1-3 years	75
Whole wheat (45g) Ragi ( 15g) Green gram dal (15g) Defatted soya (10g) Groundnut(10g) Sugar (10g) Vitamin Mineral Premix	Adolescent girls	100
	Pregnant women	110
	Lactating Mothers	110

For more information, please visit our website: <http://karnutmission.org>

The Inter-generational Cycle of Malnutrition and the Cycle of Calorie Protein and Micro-nutrient Deficit (CPMD) and Poverty



## **Background Paper – Session 2**

### **Creation of a 30 hour Module on Food/Nutrition Security and Public Policy for inclusion in the Post-graduate Programme for Public Policy.**

In spite of the alarming nutritional and micronutrient deficit and food deficit status of our population, the subject has not yet entered the domain of the public policy debate, whether at the academic or policy making levels. The only time the subject is highlighted is when a new national or international report is released or when unfortunate malnutrition deaths are reported in the country.

There are several reasons for this: such as, the invisibility of under nutrition; the fact that the afflicted are not aware of their condition; the complexity and inter-sectoral nature of chronic food and nutritional insecurity which even policy makers have not yet grasped. All of these have resulted in an absence of public demand, and consequently lack of pressure on policy makers for giving prioritizing the subject on the development agenda. Policy makers or economists have also not taken cognizance of the enormous economic loss caused to individuals and to the nation in terms of GDP, through under nutrition and micronutrient deficiency of its work force.

Even in academia, or among professionals in the social development sectors, whether in the governmental, non-governmental or governmental policy making sectors, there is little composite subject matter, data or research regarding the complex causal interconnectivity of causes of under nutrition and micronutrient deficiency, its social and historical context, its behavioural and gender aspects. Even where there is information and knowledge about this, there is absence of strategy or innovation to find a solution, as the issue has still not become part of the Public Policy debate.

A case in point: A national programme to combat malnutrition within 6 months was announced in the Budget speech of July 2014. Despite the fact that this has still not yet happened, the subject has not become a public policy issue, and there is no lobby agitating on this issue, even though the nutritional status of India's population is among the worst in the world.

Presently, this subject is not taught in any of the Public Policy courses, and this may well be another reason as to why there is lack of information/ knowledge/ capacity regarding this it both at the policy pushing and policy making side, or among development consultants, think tanks or development professionals etc.

A 30 hour Module has been created as per the topics detailed below.

## **Expected Outcomes**

The Module will fill up a great gap in our public policy debate, provide knowledge and awareness to future professionals about our last unaddressed outpost of development, and trigger off greater energy for influencing policy. Students doing the Masters in Public Policy programme generally get employed as Consultants with Government, or think tanks who work with government, such as Price Waterhouse and Tata Consultancy Services, or with NGOs. Equipping them with knowledge regarding under nutrition and public policy would enable them to become catalysts and agents of change, to mainstream the subject of under nutrition and micronutrient deficiency in whatever domain of public policy they are working with.

This initiative will be a strong advocacy tool for creating awareness and knowledge among young professionals entering public policy related fields, regarding the hidden scourge of malnutrition that is preventing our human resources from realizing their true potential, preventing faster release from poverty, reducing India's GDP.

To begin with Universities in Karnataka and elsewhere will be requested to incorporate the Module in their Public Policy/Nutritional Sciences/Social Sciences curriculum.

## **Course Title**

Masters in Public Policy (MPP),

## **Programme Title**

Module on Food/Nutrition Security and Public Policy

## **Aims/Objectives**

The course is designed to enable a student to:

Study India's nutritional indicators and their causes.

Understand varied dimensions of Food and Nutrition Insecurity as it exists in India, and how it impacts human resource development and economic development.

Critically examine the Policy responses, initiatives or lack of them, and their effectiveness in addressing the problem of Food and Nutrition Security in India

Study the design and content of on-going national programmes addressing under nutrition and micronutrient deficiency, and their impact

The module includes the following topics:

1. Food Security, Nutritional Security and Public Policy – India's status today
2. Historical situation analysis of food and nutrition security in India. Causes for Under nutrition and Micro-nutrient deficiency in India
3. Public Health implications of under nutrition and micronutrient deficiency on individuals, communities and society
4. Economic implications of under nutrition and micronutrient deficiency on individuals, communities and society
5. Gender, Caste and Ethnicity dimensions of under nutrition and micronutrient deficiency
6. State and Policy Responses, Strategies in the 5 Year Plans: Present Policy framework
7. Programmes and Interventions, Outcomes of existing programmes. Have they worked?
8. International comparisons. What worked for reducing malnutrition in other developing countries?
9. Field Visit Observations
10. Closing Seminar - What needs to be done to influence Policy

**Field Visit:**

In order to expose students to the actual face of malnutrition in the family and community and existing efforts to address them, field visits will be organised to various settings, not exceeding total module hours of 6. These visits will be facilitated to institutions/points of delivery for nutrition related schemes, facilities to address malnutrition (NRCs).

## **Background Paper – Session 3**

### **Introducing Low Cost EDF in the market –Motivating the Private Sector**

It has been agreed that one of the major causes of under nutrition and calorie-protein-micronutrient deficiency among large sections of our population, especially the poorest 30-40 percent, is that there is presently a complete vacuum in the market for low cost, fortified energy foods for BPL families.

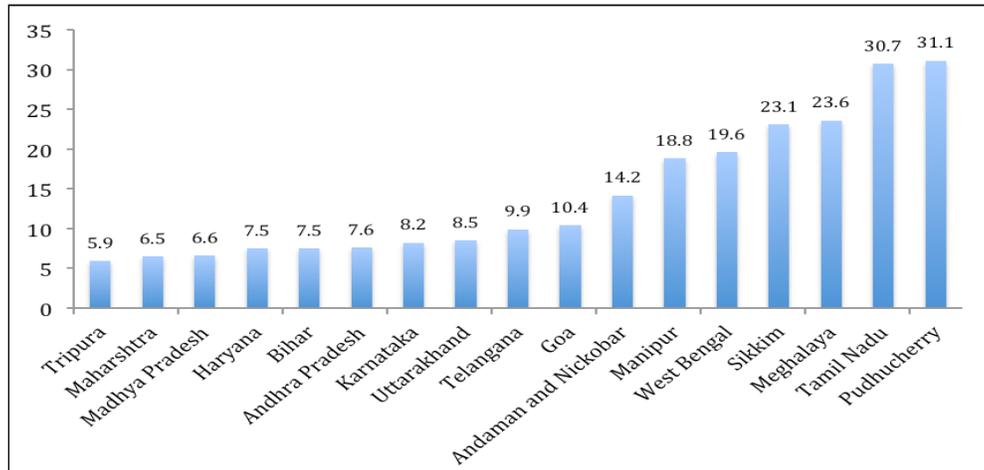
The daily diets of the poorest families are meagre, and can at best qualify as subsistence diets. For lack of money and knowledge, the families are not able to provide nutrition required for healthy growth of children and adolescents during rapid growth periods, for women during pregnancy and lactation, for all age groups of both genders during or after illness, and complementary food for infants after 6 months of age.

At the macro level, even though the per capita income has more than quadrupled in the last decade, all NNMB Reports, the last being NNMB Technical Report No. 26, 2012,<sup>1</sup> continuously show a large dietary deficit in terms of protein, calorie and micronutrients among more than 50% of our population of both sexes and all age groups, despite the ICDS and MDM having been in operation for the last four and two decades respectively. Nearly 50 per cent of adolescent girls aged 15–19 in India are underweight, with a body mass index of less than 18.5, as per the UNICEF Report 2011

What is most worrisome is that early data emerging from the NFHS- 4 Factsheets (2015-16) covering 17 States, informs us that the percentage of children from 6-23 months receiving an adequate diet ranges from a meagre 5.9% to 31.1%. This is a serious issue which is the source of under-nutrition in the life cycle of our population.

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<sup>1</sup>Report of the Third Survey: “Diet and Nutritional Status of Rural Population. Prevalence of Hypertension and Diabetes among Adults and Infants and Young Child Feeding Practices” (2011-12)  
[http://nnmbindia.org/1\\_NNMB\\_Third\\_Repeat\\_Rural\\_Survey\\_\\_\\_Technicl\\_Report\\_26.pdf](http://nnmbindia.org/1_NNMB_Third_Repeat_Rural_Survey___Technicl_Report_26.pdf) 3rd Repeat Survey, 2011-12



Reports from the field in the Chincholi and Devadurga Projects clearly indicate that all cases of severely malnourished children are from households where both parents are engaged in construction or agricultural labour. The infants are left under the care of elder siblings or grandparents, and apart from some roti, rice and dal, which an infant certainly cannot eat; there is no food in the house. And in the market, there is nothing for them, except wafers and biscuits.

I am also informed that there is a move in the Ministry of Women and Child Development, Govt. of India, to introduce the system of cash transfers in lieu of supplementary food under the ICDS. In such a situation **where cash transfers are made for purchase of energy dense food for infants, adolescents and pregnant and nursing women, and there is no appropriate product in the market, what will the families buy?**

Our nutrition governance needs to engage with the food processing private sector as custodian of the food industry and the pharmaceutical sector. They are already providing several varieties of expensive protein and energy dense foods for children and adults of the more affluent classes. However, for BPL populations of all age groups and both genders, there is presently a huge market vacuum for low-cost energy foods. Unfortunately, this vacuum has been filled up by junk foods and tobacco based products

that are marketed aggressively. Evidence from rural areas also reveals that the poor are forced to purchase expensive energy foods, the only ones available in the market, when they are faced with a serious health emergency or when acute malnutrition becomes life threatening, sometimes spending their entire week's wages for purchasing these products.

The private sector must be requested to partner in our efforts for making available appropriate low-cost energy foods for poor, undernourished and anaemic children, women, adolescent girls and boys, the sick, aged and infirm, in rural and urban markets. The numbers are large enough to support a viable business proposition. The recent amendment to Schedule VII of the Companies Act 2013 includes, 'eradicating hunger, poverty and malnutrition, promoting preventive health care and sanitation and making available safe drinking water' as areas of Corporate Social Responsibility. This makes it incumbent upon government and stakeholders to sensitize the private sector towards the nutritional needs of the poor, and secure their partnership in the most productive way.

**The target population is numerically large enough for the enterprise to be commercially viable.**

Use of effective rural marketing strategies for the new products can be done. Several corporates in India have succeeded in penetrating rural markets with their products, such as toiletries and cosmetics, (that were never earlier used by the poor), junk food items, such as wafers and chips, that are now being used as food substitutes for children, worsening their nutritional status.

An amount of about Rs 30 lakhs in the WB/JSDF Budget has been allocated for Innovative Projects and Research. We might also have some additional unspent money, which we could also use for Innovative Projects.

This proposal has been agreed to by the World Bank in principle. **We could start by conducting a Needs Assessment and Feasibility Study by engaging the services of a food and agriculture business consulting group, to build a road map for motivating and perhaps partnering with the private sector to set up a viable unit for production of low cost high energy dense food** for children, adolescents, women

during pregnancy and lactation, for all age groups of both genders during or after illness, and complementary food for infants after 6 months of age.

**Summing up:**

**Presently, there is a vacuum in the Indian market for low cost energy foods for all age groups and both genders of the BOP populations,** which has been filled up by junk foods and tobacco based products that are marketed aggressively. This market vacuum is to a large extent responsible for persisting under nutrition and micronutrient deficiency among children, women and adolescents among the poorest sections of the population.

**Evidence reveals that the poor are forced to purchase expensive foods, the only ones available in the market,** when they are faced with a serious health emergency or acute malnutrition that is life threatening. It is also reported that they spend their entire week's wages for purchasing these products.

**At least 10-15% of the population is above the poverty line, but still suffers from under nutrition and micronutrient deficiency.** (100-150 million people) Hence, they have purchasing power, but there are no products available to them to improve their nutritional status. Hence, there is already a large market available, but there is no product in the market.

**Plenty of FSSAI approved compositions are presently available using local farm produce, such as millet, wheat, soya, ground nut, jaggery, pulses.**

This initiative is **in accordance with the National Nutrition Policy recommendation- 'Popularisation of Low Cost Nutritious Food:** Efforts to produce and popularise low-cost nutritious foods from indigenous and locally available raw material shall be intensified. It is necessary to involve women particularly in this activity.'

**This subject will be discussed in Session 3 of the Workshop.**