

MULTI-SECTORAL PROGRAMME TO ADDRESS THE MATERNAL AND CHILD MALNUTRITION IN SELECTED 200 HIGH-BURDEN DISTRICTS

The issue of under-nutrition which affects survival, development, health, productivity and economic growth has been receiving the attention of the Government for quite sometime. The problem of under-nutrition is a complex and multi-dimensional issue, affected mainly by a number of generic factors including poverty, inadequate food consumption due to access and availability issues, inequitable food distribution, improper maternal infant and child feeding and care practices, inequity and gender imbalances, poor sanitary and environmental conditions; and restricted access to quality health, education and social care services. A number of other factors including economic, environmental, geographical, agricultural, cultural, health and governance issues complement these general factors in causing undernutrition of children.

2. Taking note of the problem of maternal and child undernutrition in the country, the PM's National Council on India's Nutrition Challenges in its meeting chaired by the Hon'ble Prime Minister on 24th November 2010, while making a number of valuable suggestions and recommendation for addressing the nutrition challenges in the country, inter alia decided that: *"A multi-sectoral programme to address the maternal and child malnutrition in selected 200 high-burden districts would be prepared....."*. The Ministry of Women & Child Development was given the responsibility of preparing the multi-sectoral programme in consultation with the Planning Commission, Ministry of Health & Family Welfare and other relevant Ministries. Consequent to the above decision and a series of consultations, the proposed framework and design of the Multi-sectoral Nutrition Programme was prepared and processed for approvals.

3. The approach to deal with the nutrition challenges has been two pronged: First is the Multi-sectoral approach for accelerated action on the determinants of malnutrition in targeting nutrition in schemes/programmes of all the sectors. The second approach is the direct and specific interventions targeted towards the vulnerable groups such as children below 6 years, adolescent girls, pregnant and lactating mothers. The Government is implementing several direct and indirect schemes/ programmes of different Ministries/Departments/State Governments/ Union Territory Administrations.

4. The Multi-sectoral Nutrition Programme to Address the Maternal and Child Undernutrition will be implemented as a special intervention in 200 High Burden Districts across the country in a phased manner. The first phase will begin in 100 districts during the year 2013-14, while in the second phase, it will be scaled up to cover 200 districts during the year 2014-15. The National Mission Steering Group (NMSG) and Empowered Programme Committee (M-EPC) constituted for ICDS Mission would be the highest administrative and technical bodies for ensuring effective planning, implementation, monitoring and supervision.

5. The Multi-sectoral programme by bringing strong nutrition focus in various sectoral plans and providing gap filling support towards key nutrition related interventions targets to contribute to the following:

- a. Prevention and reduction in child under-nutrition (underweight prevalence in children under 3 years of age; and
- b. Reduction in levels of anaemia among young children, adolescent girls and women.

Further, the Multi-sectoral Nutrition Programme will also specifically work towards the following:

- (i) Establishment of State & District Nutrition Councils
- (ii) State, District & Block Nutrition Action Plans in place (framework for programmatic convergence)
- (iii) Nutrition focus in sectoral programmes
- (iv) Gap filling financial support for specific nutrition action

6. Objectives of the Multi-sectoral Nutrition Programme

- (i) Ensuring strong nutrition focus through institutional and programmatic convergence by integrating it in the planning, implementation and supervision process in all relevant direct and in-direct interventions / programmes;
- (ii) Increasing availability and accessibility of key maternal and child health & nutrition services at all levels through convergence of sectoral programmes;
- (iii) Bridging critical gaps in inter-sectoral programmatic and institutional arrangements for addressing maternal and child undernutrition at National, State, District, Block and Village levels leading to harmonized nutrition action plan;
- (iv) Enhancing the capacities and skills of service providers, care givers, voluntary action group, mothers' groups and communities; and
- (v) Ensuring convergent multi-sectoral actions for empowering families and communities for improved care behaviours such as early and exclusive breastfeeding for the first six months and optimal IYCF, health, hygiene, psychosocial and early learning and care for girls and women.

The proposed Multi-sectoral Nutrition Programme would provide a platform at all levels to facilitate convergence of all the key services and stakeholders for holistically addressing the maternal and child undernutrition.

II. Scope & Coverage

The Multi-sectoral Nutrition Programme will be implemented as a special intervention in 200 high burden districts across the country in a phased manner. The first phase will begin during the year 2013-14, while in the second phase it will be scaled up to cover 200 districts the year after. Districts & Blocks will be the main implementation and supervision points under the programme. Taking into consideration the available resources and also in the absence of more updated data on undernutrition and anaemia (which is likely to be available by early 2014), it has been decided to roll out the Multi-sectoral Nutrition Programme progressively starting with 100 burden districts in 8 Empowered Action Group States and Assam (to commence during the year 2013-14). These Districts have been selected out of the 200 high burden districts in ICDS mission using under five mortality data from AHS 2011. Remaining 100 districts would be scaled up to cover 200 districts from 2014-15 based on the number of districts capped as in ICDS mission for the 200 high burden districts as per the given table. However States are free to select the specific districts/Blocks based on any available recent nutrition-specific and credible data on undernutrition and anaemia, keeping in mind that the total number of districts does not exceed the total mentioned in the table. In the absence of any

data, ICDS data of undernutrition could be used to select districts/Blocks. On an

average, an amount of about Rs.5.5 crore per district could be expended during this Plan period. Further due to unavailability of credible models and data at block level, **selected coverage approach and methodology** would be employed to intensify the focus on covering 50% worst affected blocks within each district.

As per the recommendations of the PM's National Council on India's Nutrition Challenges, the following alternative models for the decentralized implementation would also be piloted under the Multi-sectoral Nutrition Programme. States may suitably present the modalities for implementation of such pilots to the M-EPC.

(a) Urban Model: The Multi-sectoral Programme also proposes to implement nutrition focussed interventions in urban areas. "Urban Models" would be piloted in select urban slums / vulnerable pockets of the four mega cities of the country namely Chennai, Delhi, Kolkata and Mumbai. Innovative interventions of addressing maternal and child undernutrition would be supported. Apart from this, intervention may also be undertaken in the urban centres of the selected high burden districts by the District Council.

(b) Rural / Panchayat Led Model: The "Panchayat Led Model" of implementation would be piloted in at least one selected block from each of the high – burden districts in which progressive and proactive devolution of fund and functions for implementation, supervision and accountability would rest with the respective PRI institutions. More blocks / districts can be taken up by the States depending on their resources and the local context, especially where funds, functions and functionaries have been transferred by the States to the PRIs. The interventions proposed by a particular Panchayat Samiti would be reviewed and approved by the District Nutrition Council.

Multi-sectoral Districts Summary (Phase-1 &2)#			
States/UT	No. of Districts		
	Phase 1*	Phase 2**	Total
Andhra Pradesh	0	3	3
Assam	3	0	3
Bihar	12	5	17
Chhattisgarh	3	6	9
Daman & Diu	0	2	2
Gujarat	0	15	15
Haryana	0	5	5
Himachal Pradesh	0	3	3
Jharkhand	1	5	6
Karnataka	0	4	4
Madhya Pradesh	25	5	30
Maharashtra	0	20	20
Nagaland	0	1	1
Odisha	6	0	6
Punjab	0	6	6
Rajasthan	16	4	20
Uttar Pradesh	32	9	41
Uttarakhand	2	4	6
West Bengal	0	3	3
Total	100	100	200
*List attached in Annexure I			
** List to be finalized			
# Apart from the above, urban models in Delhi (Delhi), Mumbai (Maharashtra), Kolkata (West Bengal) & Chennai (Tamil Nadu) will be included.			

Programme Components

(i) **Nutrition Centric Planning:** The concerned District Nutrition Council headed by the District Magistrate / Collector in every high – burden district would coordinate Nutrition Centric Planning, including leading the process of

formulation, implementation and supervision of District / Block level nutrition plans. At the district level, under the overall supervision and guidance of the District Magistrate / Collector, the District Planning Officer in each district would be entrusted with the nodal responsibility of coordination and finalization of the Block and District Nutrition Plans with the support of a District Nutrition Cell created under the Multi-sectoral Nutrition Programme. The District Nutrition Cell would act as the technical hub at the district level for all nutrition related interventions. The nutrition centric plan will be prepared in close consultation with the Gram Panchayat, Village Health, Sanitation and Nutrition Committees (VHSNCs), Anganwadi Level Management & Support Committee (ALMSC) and any other relevant agencies responsible for village to ensure active involvement of local representatives and community members in planning process.

- (ii) **Nutrition Centric / Sensitive Sectoral Interventions:** In order to tackle the problem of undernutrition both direct and indirect nutrition interventions are essential. The Multi-sectoral Nutrition Programme would focus on those specific roles and responsibilities for ensuring a strong coordinated approach for addressing undernutrition at the State, District, Block and Village levels. Specific roles and responsibilities of the major sectors / departments and areas of programmatic, thematic and institutional convergence have been discussed in Annexure – II and Annexure– III of the Scheme document.
- (iii) **Nutrition Centric / Sensitive Gap Filling Support:** The first priority would be to fill the existing gaps through resources from the sectoral plans / programmes. However, even after this, if a relevant development deficit / gap remains uncovered / unfulfilled through existing sectoral interventions, and are identified through the rapid assessment, baseline and planning process, for improving the nutrition related indicators, gap – filling support would be provided under this programme. This allocation would be released on approval of the State Nutrition Action Plan by the M-EPC headed by the Secretary, WCD. The gap – filling support would be made available for meeting the programme objectives and core interventions as well as for evidence based cost effective innovative interventions for improving the nutrition related indicators. The critical actions funded under this component, is not permanent in nature and it is expected that these activities (being critical in nature) after a few years will be mainstreamed and integrated into the respective sectoral programmes and plans. In general, the gap filling support may have the interventions under this component which will broadly address the following areas:
- Funds for temporary tidying over critical requirements
 - Nutrition promotion specific / sensitive gaps in inputs and processes not covered under the scope of respective programmes
 - Nutrition promoting capacity building and IEC
 - Promoting mobilization, leadership and champion efforts towards achievement of nutrition outcomes
 - Promoting monitoring and surveillance efforts
 - Promoting convergence at local level
 - Awards, rewards and incentives for community and functionaries at local level not covered under the respective programme.

III. Institutional Arrangements

The institutional setup under the Multi-sectoral Nutrition Programme is same as in ICDS mission which includes National Mission Steering Group (NMSG) of ICDS Mission; (Multi-sectoral) Empowered Programme Committee (M-EPC). Further, an Inter-Ministerial Coordination Committee (IMCC) headed by Cabinet Secretary at National level would also be created for coordination at National level.

IV. Monitoring and Evaluation

As the mandate of the Multi-sectoral Programme is to facilitate convergent action at all levels for improved maternal and child nutrition, a robust monitoring system would be required to track the progress and achievements during and after implementation. The National Institute of Public Cooperation and Child Development (NIPCCD) will lead the monitoring of the programme and will formulate mechanisms for data sourcing and management from various sectors. NIPCCD will also organize time to time reviews, assessments and evaluation. Further, ICDS through NIPCCD will be encouraged to establish a nutrition surveillance system in consultation with NNMB and NIN.

V. Financial Plan & Budget

The Multi-sectoral Nutrition Programme would be implemented during the 12th Five Year Plan as a Centrally Sponsored Scheme under the broad head National Nutrition Mission with a total cost estimates of **Rs. 1213.19 Crore** with Centre:State cost sharing ratio 90:10 for all components in NER States and special category States and 75:25 for other States & UTs. Rs. 944.39 Crore is the Central share and the State share would be Rs. 268.80 Crore.

Multisectoral Budget Summary - Total			
Sl. No.	Particulars	Amount (Rs in Crore)	% w.r.t. Total amount
1	Gap filling support at all levels	764.40	63.01
2	Monitoring & Evaluation	73.10	6.03
3	Orientation Workshops, training & capacity building	51.93	4.28
4	IEC	39.29	3.24
5	Hiring/Outsourcing of personnel	174.19	14.36
6	Flexi Fund	110.29	9.09
	Total	1213.19	100.00

7. Further guidelines on the above components would be issued, whenever required.

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Annexure

Multisectoral Budget Sheet (Gol + State share)						
Level	Particulars	Total Cost - Year wise (Rs. in Crore)				Total Budget (Rs. in Crore)
		PHASE-1	PHASE-2			
		2013-14	2014-15	2015-16	2016-17	
National	Critical gap filling support as per the requirement (incl. urban models) with an upper ceiling of Rs. 20 Crore per annum	10.00	20.00	20.00	20.00	70.00
	Online and offline Monitoring@ Rs. 50 lakh per annum	0.25	0.50	0.50	0.50	1.75
	Orientation Workshops @ Rs. 25 lakh per annum	0.13	0.25	0.25	0.25	0.88
	IEC @Rs. 1.75 crore per annum	0.88	1.75	1.75	1.75	6.13
	Hiring/Outsourcing of personnel, Office Expenses & TA	0.65	1.30	1.30	1.30	4.54
	Flexi Fund (10% of the total National Budget)	1.19	2.38	2.38	2.38	8.33
	SUB TOTAL - National	13.09	26.18	26.18	26.18	91.62
State (Phase-1: 9 states; Phase-2: 19 states in total)	Gap filling support as per the requirement	3.50	13.30	13.30	13.30	43.40
	Monitoring supervision evaluation and review	0.45	1.80	1.80	1.80	5.85
	Capacity building and Training	1.45	5.70	5.70	5.70	18.55
	Technical support for collating district plans to prepare State Nutrition Action Plan	0.45	1.80	1.80	1.80	5.85
	Orientation Workshops & IEC	0.56	2.20	2.20	2.20	7.16
	Token amount @ Rs. 10 lakh per state for preparatory activities	1.00	-	-	-	1.00
	Flexi Fund (10% of the total State Budget)	0.74	2.48	2.48	2.48	8.18
	SUB TOTAL - State	8.15	27.28	27.28	27.28	89.99
District (including Block) (Phase-1: 100 districts; Phase-2: 200 districts in total)	Gap filling support as per the requirement @ Rs. 1 Crore per district per annum	50.00	200.00	200.00	200.00	650.00
	Orientation Workshops & training (engagement of CBOs) @ Rs. 5 lakh per district per annum	2.50	10.00	10.00	10.00	32.50
	IEC @Rs. 4 lakh per district per annum	2.00	8.00	8.00	8.00	26.00
	Monitoring supervision evaluation and review @ Rs. 7 lakh per district per annum (Third party evaluation for impact assessment by any external agency @ Rs. 10 lakh per district in the last year)	3.50	14.00	14.00	34.00	65.50
	District Nutrition Cell establishment	12.60	50.40	50.40	50.40	163.80
	Flexi Fund (10% of the total District Budget)	7.06	28.24	28.24	30.24	93.78
	SUB TOTAL - District	77.66	310.64	310.64	332.64	1031.58
	TOTAL	98.90	364.10	364.10	386.10	1213.19

NOTE: All figures are rounded off to 2 decimal places and all costs for current year has been budgeted for 6 months only.