



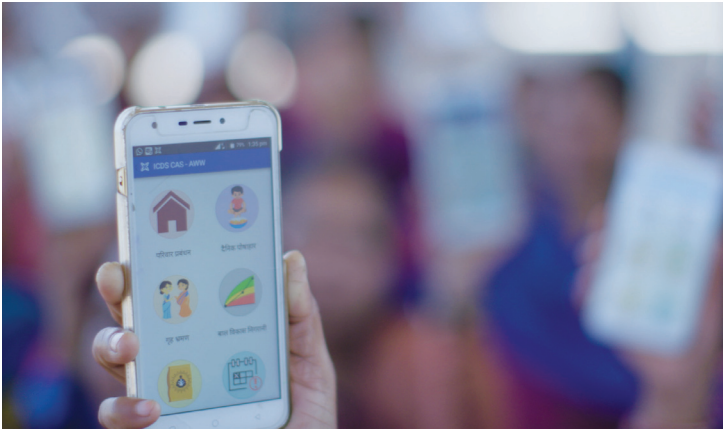
INDIA'S POSHAN ABHIYAAN

Overview of **POSHAN Abhiyaan**

Background

POSHAN Abhiyaan aims to reduce malnutrition, through a life-cycle concept, adopting a synergised and result-oriented approach. Implemented by the Ministry of Women and Child Development (MWCD), Government of India, the target of the mission is to bring down stunting in children 0-6 years of age from 38.4% to 25% by 2022. It also aims to reduce anaemia among women and adolescent girls in the age group of 15-49 years and reduce low birth weight.

The POSHAN Abhiyaan intends to achieve its goals by focusing on: (i) mobile-based information technology tools for improved service delivery and monitoring to facilitate better outreach to beneficiaries during the critical first 1000-day window for nutrition impact; (ii) multi-sectoral planning and monitoring actions from the state to block level for improved nutrition outcomes; (iii) capacity building of Integrated Child Development Services (ICDS) functionaries on nutrition counselling of pregnant women and mothers of children up to two years of age; (iv) community mobilisation and behaviour change communication; and (v) providing performance-based incentives for community nutrition and health workers, and states.



POSHAN Abhiyaan: Key Programme Pillars

Pillar 1: ICDS - Common Application Software (CAS)

A key pillar is a mobile-based ICDS-CAS that acts as a job aid for field functionaries, while strengthening service delivery and programme monitoring from the anganwadi centres (AWCs) to the state and to the national level. It triggers actions for service providers facilitating better outreach to beneficiaries during the critical first 1000-day window for nutrition impact. It also provides web-based six-tier dashboard facilitating programme officials to review progress in near real-time, against key performance and outcome indicators.

The Abhiyaan also plans to use an IT enabled call-centre to strengthen citizen engagement on nutrition. The call centre will provide programme information, address grievances, as well as monitor and follow-up with beneficiaries identified as being nutritionally vulnerable. With facilities for inbound calls and outbound calls on a toll-free number, its focus will be to improve beneficiary outreach, support and follow-up.



Pillar 2: Convergence Action Planning

This includes development and operationalisation of a Convergence Nutrition Action Plan at state, district and block levels with the objective of promoting coordinated and cross-sectoral efforts to improve nutrition outcomes. It involves all critical line departments that contribute to nutrition outcomes, such as health and family welfare, water and sanitation, rural development and education. This also promotes implementation of multi-sectoral innovations by the states.



Pillar 3: Capacity building of ICDS officials/ functionaries through the Incremental Learning Approach (ILA)

This is an ongoing capacity building programme for community nutrition workers (Anganwadi Workers or AWWs) using pre-existing platforms of monthly meetings with supervisors. Workers are oriented on one topic every month, followed by a month of practice to follow-up on actions. The system breaks down the total learning agenda into small, doable actions (in thematic modules), aiming to build incrementally on small amounts of learning at a time, until all skills, understanding and actions related to maternal, infant and young child nutrition have been put into regular practice, and internalised by the functionaries.





Pillar 4: Jan Andolan (Behaviour Change Communication and Community Mobilisation)

The strategy focuses on developing and operationalising mid-media, mass media and community-based multi-sectoral campaigns to create awareness among the beneficiaries on key technical areas, which include antenatal care and institutional delivery, breastfeeding, complementary feeding, growth monitoring and promotion, immunisation and vitamin A, anaemia prevention, diarrhoea management, hygiene and sanitation practices. It also focuses on involving multiple stakeholders including health and family welfare, drinking water and sanitation, school education, rural development, panchayati raj institutions/ village organisations/ self help groups (SHGs), ensuring wider public participation.

Community Based Events (CBEs) and prioritised home visits

A key component of the nutrition behaviour change is CBEs to celebrate critical milestones in the life of pregnant women and children below two years of age and also systematically engaging husbands in the dialogue. They serve as a platform for disseminating essential messages to counsel pregnant and lactating women, and their influencers (husbands/ mothers-in-law), on appropriate nutrition and health behaviours. The events are organised at least once a month at every AWC. POSHAN Abhiyaan also focuses on home visits during the critical periods of the life cycle to facilitate counselling, problem solving and creating demand for services. This is ensured through extensive focus on planning home visits in the incremental learning trainings, as well as through the use of ICDS-CAS, which facilitates prioritising home visits according to the beneficiaries' needs.

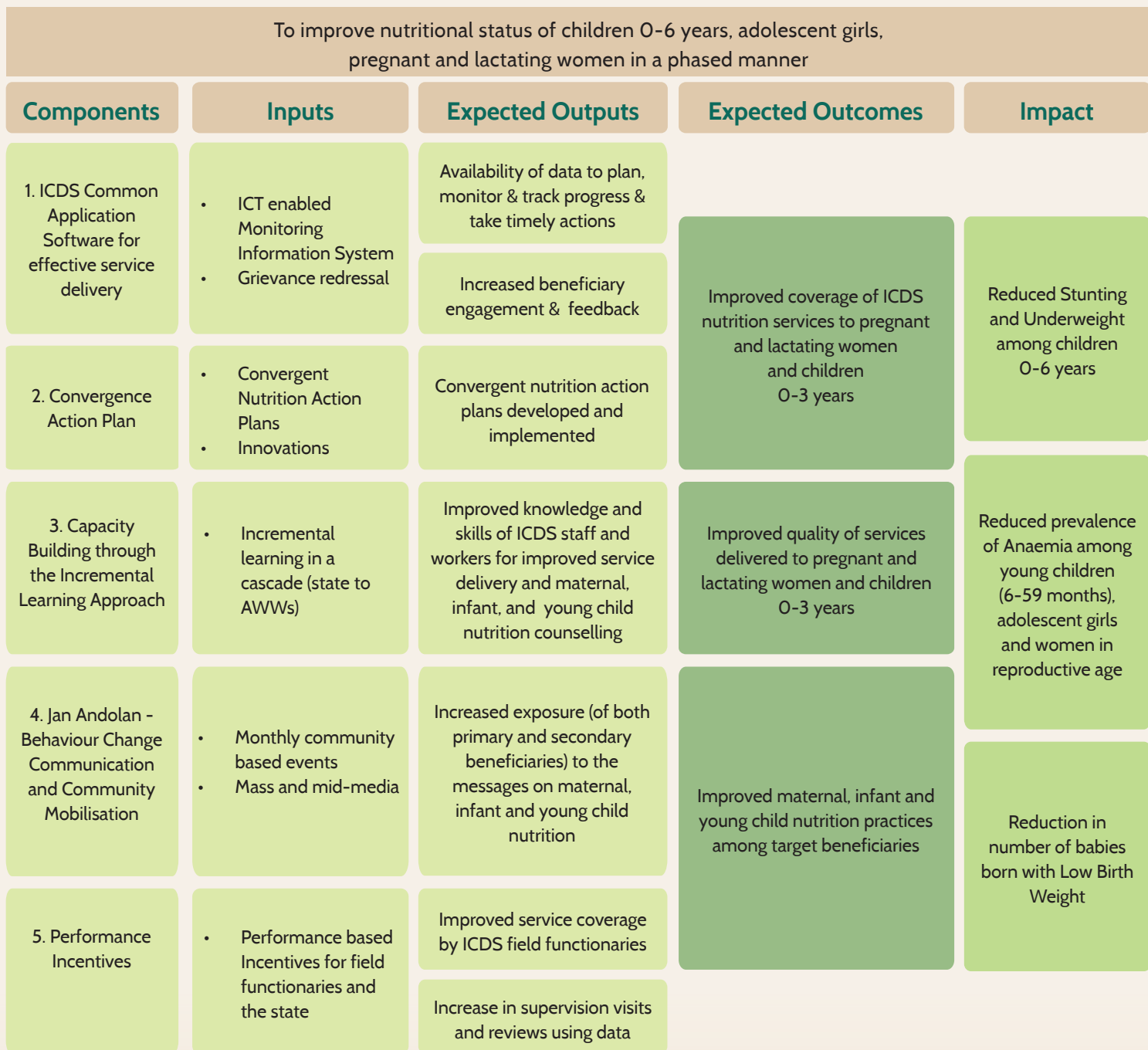


Pillar 5: Performance Incentives

In addition to capacity building, performance incentives for ICDS and health functionaries and state governments for improving service delivery are also planned. This includes incentivising the states for improvements in the nutritional status of beneficiaries on an annual basis, yearly cash incentives for frontline functionaries for achieving targets and monthly cash incentives for the AWW for implementing ICDS-CAS. A monthly performance incentive of INR 500 to AWWs on meeting the following performance criteria has been put in place: (i) undertaking at least 60% of home visits to pregnant mothers and children under two years as per the home visit scheduler and; (ii) completing at least 60% of growth monitoring of children under two years who are registered at the AWC. A monthly incentive of INR 250 for the Anganwadi Helper if the AWC is kept open for 21 days is also being provided.

POSHAN Abhiyaan's programme impact pathway, as described above, is illustrated in Figure 1. Some of these interventions, specifically, the ICDS-CAS, ILA and CBEs were piloted under the ICDS Systems Strengthening and Nutrition Improvement Project implemented by the MWCD, in eight low-income states from late 2015 to 2018. The interventions provided key lessons for their scale up under the POSHAN Abhiyaan.

Figure 1: POSHAN Abhiyaan's Programme Impact Pathway



Of the five pillars, learning notes on four programme pillars (except Performance Incentives) have been developed to facilitate understanding the evolution of these programme components/pillars under the POSHAN Abhiyaan with a focus on “how to” and “what does it take to deliver” these pillars. These are as provided below:

Learning Note 1: Using mobile technology to strengthen service delivery and monitor nutrition services.

Learning Note 2: Converging initiatives for improved nutrition.

Learning Note 3: Building capacity through the Incremental Learning Approach (ILA).

Learning Note 4: Behaviour Change Communication and community mobilisation for improved nutrition outcomes.

Learning Note on the fifth pillar – Performance Incentives – has not been developed considering the component is currently in the process of being rolled out across the states and it would be too early to document the learnings and lessons.