

# **POLICY BRIEF:** Lessons from the State Nutrition Missions of Maharashtra and Uttar Pradesh

## **Pushing the Nutrition Agenda Forward**

September 2016

## Acknowledgements

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## 1 Background

India is home to about a third of all global cases of chronic undernutrition. Almost 40 per cent of children under the age of five exhibit stunted growth.<sup>1</sup> As a whole India's rates of undernutrition have improved significantly – rates of stunting declined from 48 to 39 per cent from 2005-06 to 2013-15. Yet the country still lags behind in terms of achieving the World Health Assembly's targets for stunting.<sup>2</sup> Across India, there is tremendous variability in nutrition outcomes; state-level analyses are critical to understand the complexities of undernutrition in the country.

Over the past two decades, state governments in India have instituted a large number of programmes across a number of sectors that seek to address the strikingly high levels of undernutrition seen in most Indian states. The underlying causes of undernutrition are complex; therefore, to address and ameliorate undernutrition effectively requires that political will exists and that the government coordinates efforts and actions across multiple departments.



<sup>1</sup>Rapid Survey on Children (2013-2014). (2016, April). Ministry of Women and Child Development, Government of India.

<sup>2</sup>Raykar, N., & P. Menon. (2016). "State Nutrition Missions in India: Doing Poorly on Target Setting." Global Nutrition Report, 29-30.

Starting with Maharashtra in 2005, a number of states created a State Nutrition Mission (SNM) to provide impetus for and to coordinate a multi-sectoral approach to combat undernutrition. The SNM model is similar to multi-sectoral governance bodies for nutrition that have been used in other countries to help develop a supportive environment for nutrition governance and stewardship.<sup>3,4</sup> Researchers credit this approach with raising awareness of nutrition on the political agenda that could lead to improvements in service delivery and nutritional outcomes.<sup>5</sup> Until recently, researchers had not examined states' past experiences with SNMs, the critical factors that contribute to their success, their influence on the ground, or the means by which SNMs drive improvements in service delivery across departments.



Supported by UNICEF, a team of researchers conducted secondary research and key informant interviews to document the history and lessons learned from SNMs in Maharashtra and Uttar Pradesh.<sup>6</sup> The researchers produced state-specific reports to inform policy-makers in those states.<sup>7,8</sup> In this policy brief, we focus on the joint experiences of these two states, and the lessons that could apply more broadly to states looking to set up an SNM or to strengthen their existing Nutrition Mission.

Based on our analysis, we identified five critical enablers and Mission resources that contributed to the success of the SNMs. We also identified five key Mission activities that we believe contribute to improved service delivery across departments and, ultimately, improvements in the underlying and immediate causes of undernutrition. The critical enablers and key activities are depicted in Figure 1. In this policy brief, we discuss the State Nutrition Mission approach, each of the critical enablers and Mission resources, and each of the key Mission activities. The brief concludes with recommendations for policy-makers considering adopting the SNM approach.

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<sup>3</sup>Levinson, J. and Balarajan, Y. (2013). "Addressing Malnutrition Multisectorally: What have we learned from recent international experience?"

<sup>4</sup>Acosta, A.M. and Fanzo, J. (2012). "Fighting Maternal and Child Malnutrition: Analysing the political and institutional determinants of delivering a national multisectoral response in six countries." IDS Synthesis paper

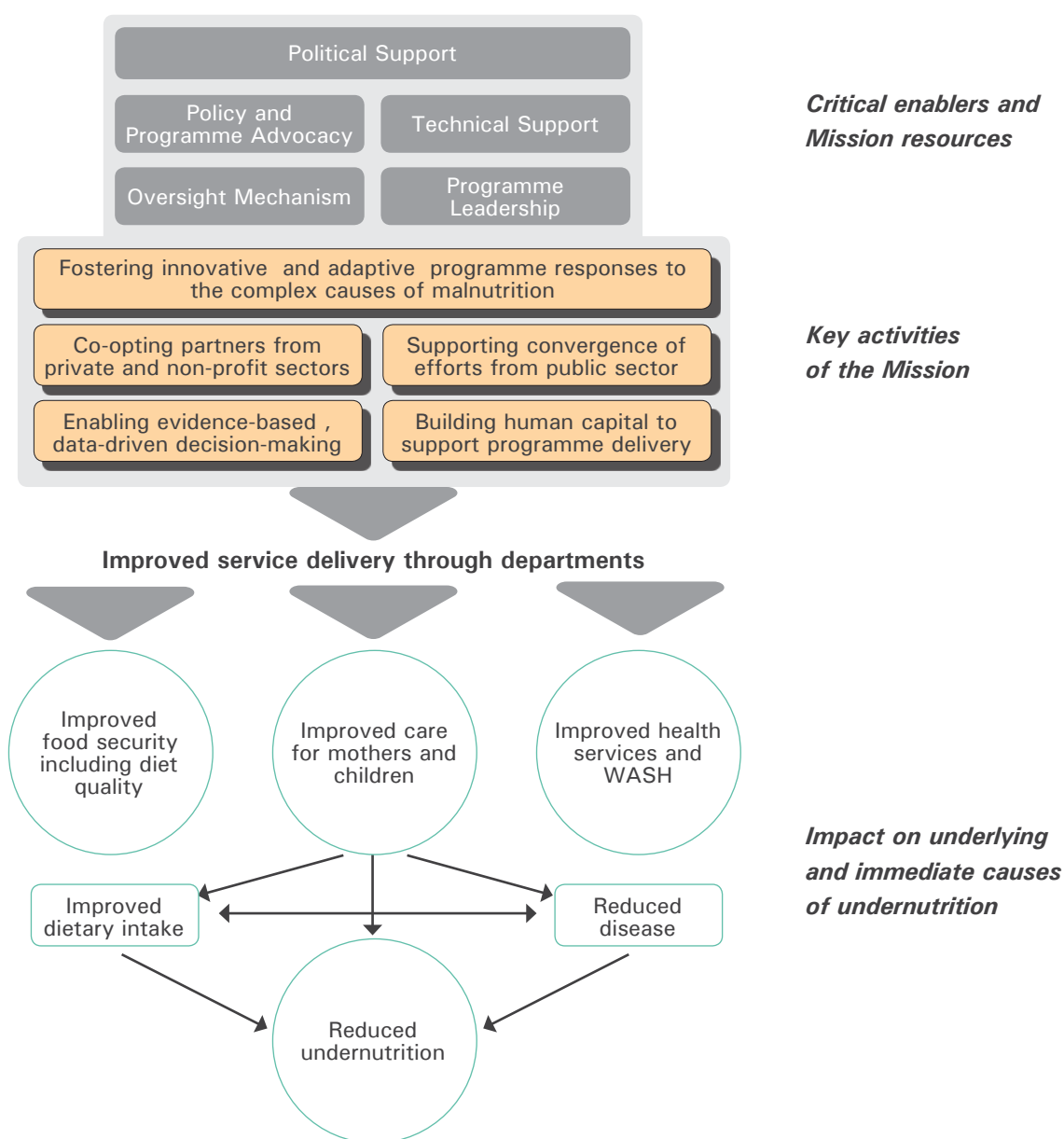
<sup>5</sup>Haddad, L.; Nisbett, N.; Barnett, I. and Valli, E. (2014) Maharashtra's Child Stunting Declines: What is Driving Them? Findings of a Multidisciplinary Analysis, Brighton: IDS

<sup>6</sup>Interviews took place over a two-week period in May 2016 for each state.

<sup>7</sup>R4D. (2016). Documentation of the State Nutrition Mission in Uttar Pradesh: Pushing the Nutrition Agenda Forward.

<sup>8</sup>R4D. (2016). Documentation of the Rajmata Jijau Mother-Child Health and Nutrition Mission in Maharashtra: Pushing the Nutrition Agenda Forward.

**Figure 1: Analytical framework of State Nutrition Mission influence on the delivery of nutrition services across departments<sup>9</sup>**



**Key takeaways from this report**

- To provide the environment necessary for the SNM to be a success, policy-makers must ensure that critical enablers and resources are in place at the launch of an SNM – starting with high-level political support – and work hard to grow and sustain these enablers over time.
- For the SNM to succeed in improving the multi-sectoral response to undernutrition, it must bring a spirit of innovation and adaptation to combat undernutrition, enlist a broad coalition of government and non-governmental actors to support the state’s nutrition goals and ensure that both evidence and human capacity are strengthened to support improved decision-making and frontline service delivery.

<sup>9</sup>WASH: water, sanitation and hygiene; Underlying and immediate causes of undernutrition adapted from UNICEF conceptual framework: UNICEF. (2008). UNICEF Conceptual Framework. Retrieved from <http://www.unicef.org/nutrition/training/2.5/4.html>

## 2 The State Nutrition Mission Approach

States establish Nutrition Missions to raise the profile of nutrition at the state level, endorse policy and coordinate integrated and multi-sectoral strategies to reduce undernutrition.<sup>10</sup> SNMs are autonomous governmental bodies responsible for governing and coordinating nutrition-specific and nutrition-sensitive actions undertaken by multiple sectors. They provide the formal structure needed to bring energy to the issue, and, thus, generate greater traction to nutrition within each sector. An SNM acts as a multi-sectoral advisory body for the Integrated Child Development Services (ICDS) department and the National Health Mission (NHM), engages with nutrition-sensitive departments that historically have focused less on nutrition and serves as a catalyst in accelerating efforts to reduce undernutrition among children. Currently, SNMs have technical and financial support of UNICEF in each state.

## 3 Critical Enablers and Mission Resources

### Political Support

The first prerequisite for the success of SNMs is political support from the highest levels within the government. In both Maharashtra and Uttar Pradesh, the Chief Ministers have provided leadership to the Missions, taking personal interest in the work and ensuring that the offices remain abreast of the latest developments.

In Maharashtra, the government's interest in engaging on a Mission mode arose from the disturbing deaths of young children due to undernutrition in tribal areas of the state; this was coupled with evidence that access to basic health and nutrition services was poor. Following widespread and exhaustive media attention on the deaths and their causes, the government took action. In addition to the Chief Minister, the Governor's Office, which is responsible for tribal welfare in the state, also took a great deal of interest in the SNM. As a result, the SNM has continued to focus on people of the tribal areas of the state.

In Uttar Pradesh, Ms Dimple Yadav, Member of Parliament, member of the Citizens' Alliance Against Malnutrition (CAAM), and the wife of the incumbent Chief Minister, provided much of the impetus to launch the SNM. The Chief Minister also supported the work of the Mission in the state. Soon after the SNM was set up, he sent signed letters to every legislator, Gram Pradhan (village head) and frontline worker describing the importance of the Mission and the role that they were expected to play.

Continuity of the Mission is important for building and sustaining political momentum across sectors. In this regard, the Mission may be adversely affected if there is a lengthy delay between the end of one phase of the Mission and the start of the next. In Maharashtra, there was a gap of nine months between Phases 1 and 2 of the SNM; and after nine months Phase 3 is still awaiting approval. These delays may indicate that more than a decade after the launch of the Mission the government may need extra encouragement to maintain and boost continued political interest in nutrition. If

<sup>10</sup>Maharashtra, R. J.-C. (n.d.). FAQs on Setting up a Nutrition Mission in a State - Why and How Retrieved from [http://www.mahnm.in/Pdf/Why\\_Nutrition\\_Mission.pdf](http://www.mahnm.in/Pdf/Why_Nutrition_Mission.pdf)

this is the case and if the government and UNICEF consider the continuation of the Mission important, it may be timely for the Mission to make a major readjustment, shifting, for example to the spearheading of a multi-sectoral nutrition convergence approach in the most vulnerable blocks of the state (this approach is detailed in the Maharashtra report, Annex E). The proposed changes to the SNM in Phase 3 could be transformative and help move the Mission in this direction.

In an ideal situation, political support for State Nutrition Missions would remain high over time and across successive governments. More realistically, as governments change and the initial champions of the Nutrition Mission leave, the government's continuing support is not guaranteed. For sustained long-term success, the Nutrition Missions must work hard to capitalise on their initial political support, establish themselves as effective and visible actors in their efforts to combat undernutrition and build support within departments and in the broader society so that they are less susceptible to the vagaries of political fortune.

The local government has played an invaluable role in behavioural change in communities, exciting the interests and motivations of service providers, as well as generating a sense of community ownership in the effort to bring about social transformation.

Orientation and involvement of the village Pradhans have been key features of the SNM in Uttar Pradesh. Local self-government functionaries in Maharashtra also have taken leadership roles in building community ownership of the programmes by calling for contributions to support community-based undernutrition centres, donating a day's meals to Anganwadi Centres and other initiatives. The UP SNM's recent partnership with the State Rural Livelihood Mission has enabled it to introduce nutrition-related messaging to women's self-help groups and their managing federations across the state.

To further bolster local government support, the Missions may wish to introduce target-based incentives for districts or development blocks, particularly in addressing some of the most challenging obstacles to nutrition improvement (for example, utilisation of sanitary latrines).

## Policy and Programme Advocacy

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Civil society plays the important role of advocating for improved attention and enhanced resources directed to health and nutrition. In both Maharashtra and Uttar Pradesh, civil society groups were integral to the establishment of the Missions. These groups used health and nutrition data illustrating the high burden of undernutrition to hold the government accountable and improve service delivery. This accountability mechanism, supported by data, was important for the inception of the Missions.

Support and involvement from communities can both bolster the political support described above, and contribute directly to the effectiveness of nutrition efforts. In both Maharashtra and Uttar Pradesh, a number of grassroots organisations have made efforts to nurture social action. In both states, these grassroots activities have involved people within communities in a direct way, building awareness of and demand for nutrition services in villages and families.



## Oversight Mechanism

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To operate effectively and to drive a multi-sectoral response to undernutrition, the Mission must be overseen by an individual who has a position within the government hierarchy that confers the authority to ensure cooperation from all of the relevant government departments. In both Maharashtra and Uttar Pradesh, the Chief Secretary, the highest-ranking officer in the state, oversees and reviews the work of the SNM in consultation with a high-level coordination committee consisting of Secretaries of relevant departments.

However, the two states differ in how this mechanism functions. In Uttar Pradesh, an Executive Committee has been established consisting of Secretaries from relevant departments under the Chairpersonship of the Chief Secretary. This committee meets quarterly while a Monitoring Committee meets monthly. Furthermore, the Chief Minister Office also receives updates, ensuring that pressure to progress is real and present. At the district level, District Nutrition Committees, chaired by the District Magistrate and Chief Development Officers, ensure that there is regular, real time review of the Mission objectives closer to the implementation level.

In Maharashtra, the high-level coordination committee has not met in the last three years, making oversight much less effective and reducing the momentum for coordinated action. The situation in Maharashtra indicates that establishing high-level oversight is necessary but insufficient to drive coordination: combating undernutrition and supporting the work of the Mission must continue to be a priority for the officials who are charged with overseeing the SNM, or else the mechanisms will not be used effectively.

## Technical Support

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Technical support has played a critical role in launching and sustaining State Nutrition Missions. The governments of Maharashtra and Uttar Pradesh have received particularly valuable support from UNICEF, which they view as a trusted partner, providing international guidance as well as hands-on support to the SNMs. UNICEF consultants support ground-level action and bring important feedback from the field. In Maharashtra, UNICEF staff played a critical role in building the political support needed to set up the Mission, as well as supporting it with financial resources over a 10-year period.

In addition to UNICEF, a number of other technical partners also have been active in Uttar Pradesh. These partners include the Bill and Melinda Gates Foundation, World Bank, Micronutrient Initiative and Alive & Thrive. Their contributions to the Mission's activities have been less direct, although Alive & Thrive has helped develop materials to use in the new spot-feeding programme for pregnant and lactating women. Regular Technical Working Groups and Partners' Forums in Uttar Pradesh coordinate technical partners' efforts to ensure that all groups are on the same page and to build support for the government's key initiatives.

## Programme Leadership

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If the correct structures, supports and systems are in place, the final critical ingredient for SNM success is strong programme leadership. Ideally, this leadership is provided by a senior and dynamic officer who sets the direction of the Mission and gains the support of departmental functionaries from other departments in the field.

In Maharashtra, a senior, self-motivated and committed officer, Mr V. Ramani, led the first phase. Mr Ramani continues to provide guidance and advice to the Mission's work. With Mr Ramani at the helm, the Maharashtra Mission established itself quickly as a key body improving nutrition in the state, a position that continued with the current Director General, Ms Vandana Krishna.

In Uttar Pradesh, the initial launch of the Mission was a false start, due in part to the lack of committed leadership. The leadership situation was rectified when Mr K Rizvi was appointed head of the Mission. Subsequently, the SNM showed marked improvement. Mr Rizvi has led the Mission while also serving as Secretary to the Department of Rural Development. By comparison, in Maharashtra, Mr Ramani convinced the state government to release him from other duties so that he could devote undivided attention to the Mission. Handling the SNM as an additional charge, as UP is doing, may reduce the amount of attention the Mission head can devote specifically to the Mission's progress and activities; however, it could also serve to bring the nutrition agenda to the fore in an important executing department.

Programme leadership at other levels is also crucial for the SNM's success. Both SNMs have leveraged the office of the District Magistrate successfully for this purpose. In Uttar Pradesh, the District Magistrate's role was also supplemented by the Chief Development Officer of the district who was later appointed the Chief Executive Officer of the Mission at the district level, a decision influenced by the fact that the leadership of the SNM is currently provided by the Secretary, Rural Development.

## 4 Key activities of the Mission

The activities pursued by the SNMs in Maharashtra and Uttar Pradesh are diverse and reflect responses to the unique circumstances and challenges within each state. The SNM approach does not prescribe a specific set of programmatic activities, but is an adaptable model that can support a multi-sectoral approach to addressing undernutrition. In this section, we highlight some broad categories of key activities that the SNMs pursued, along with some specific examples taken from each state.

### Fostering innovative and adaptive programme responses to the complex causes of undernutrition

While the programmatic choices enacted by the SNMs of Maharashtra and Uttar Pradesh may look dissimilar on the surface, they reflect a key commonality: fostering innovative and adaptive responses to the challenges of undernutrition. The Missions have advanced thinking about undernutrition in many ways, from broad innovations in approach and collaboration to more targeted innovative initiatives.

## Broad innovations in approach

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In Uttar Pradesh, the SNM's cornerstone is the Adopted Village Model. The Mission asks senior officials – District Magistrates and Chief Development Officers – to adopt two gram sabhas (a cluster of three to four villages), and subsequently each of the district officers of the gram sabhas adopt two gram panchayats. Through this adoption, officers become responsible for supervising nutrition work and outcomes in these areas. In doing so, the model has accomplished two objectives. First, the Mission ensures that work initiated in the villages is carried out and that its effectiveness is demonstrated. Second, the Mission sensitises the government and involves the entire state machinery in reducing undernutrition. The government has supported this approach by establishing District Nutrition Committees, which convene senior officers who have adopted villages in a particular district, as well as by proposing to use District Report Cards, which capture both the extent of supervision and actual nutrition indicators. The approach has not been without its challenges, but the SNM has yielded significant gains, not least in the momentum that its work has generated.

In Maharashtra, ICDS and NHM collaborated to develop Village Child Development Centres (VCDCs), an innovative approach to combating the treatment and prevention of acute undernutrition through collaborations between ICDS and NHM. After fact-finding visits by Mission staff found that Nutritional Rehabilitation Centres were able to treat child undernutrition but not prevent relapse efficiently due to challenges with behaviour change communication, the state consulted with UNICEF and other experts. The experts agreed that many children with severe acute undernutrition could be treated effectively within the Primary Health Centres (PHC) of their villages. Child Development Centres were then opened in PHCs. After changing the norms of treating severe acute undernutrition caused the number of children who could be admitted to rise sharply – well beyond the logistical and financial means of the Child Development Centres – the Mission helped to establish Village Child Development Centres. This is an adaptive community-based model led by Anganwadi Workers that could accommodate the dramatic increase in treated children while significantly lowering the cost per child treated. This innovative initiative brought treatment together with educational messages for mothers on optimal infant and young child feeding practices.

## Innovations in behavioural change and other initiatives

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Behavioural change is another area in which SNMs can foster innovation. For example, in Maharashtra, the Mission discovered that deeply held social beliefs led some parents to delay starting their children on complementary foods until long after the recommended age of six months. The Mission responded by asking Anganwadi Workers to modify the traditional Annaprashan to a celebration of the half-yearly birthday when the child turned six months old. Annaprashan is a ceremony that marks an infant's first intake of solid food, which in some villages might traditionally take place when the child is eight or nine months old. Similarly, in districts such as Nandurbar, Anganwadi Workers are using community growth chart demonstrations in gram sabhas to universalise the use of growth charts for every child, increase awareness of undernutrition among mothers in the community, and begin the conversation on healthy diet. SNMs increasingly are encouraging women to have a

Balkopra, or food corner, in the house, so that handy finger food is accessible to the growing infant; it also increases the frequency of the infant's meals and improves weight gain and development.

Finally, a number of other interesting initiatives in Maharashtra also reflect innovations to combat undernutrition, including creative collaborations with departments that have not historically focused on improving nutrition outcomes. For example, the Transport department has established breastfeeding rooms (Hirkani Kaksh) in 250 bus stops across the state; and the department of Women and Child Development (WCD) is pushing for convergence with the Horticulture and Animal Husbandry departments to leverage backyard poultry and kitchen gardens for their beneficiaries.

### Supporting convergence of efforts from the public sector

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Significant gains have been made in both Maharashtra and Uttar Pradesh with respect to inter-departmental coordination in the field, by identifying common goals, clarifying implementation pathways, and setting assessment targets. In Maharashtra, much of the focus has been on ensuring the effective convergence at the grassroots level of the workers of the WCD and Health departments, as well as leveraging the tribal department and local self-government functionaries, to support nutritional interventions.

In Uttar Pradesh, a series of government orders has facilitated daily convergence between the departments of WCD, Health, Food and Civil Supplies. In addition, SNMs also have made opportunistic gains by coordinating with the departments of Medical Education, Transport, and so on. The Mission has implemented an innovation known as the Triple A Forum, a monthly forum for dialogue and discussion consisting of the Anganwadi Workers (AWW), the Auxiliary Nurse Midwife (ANM) and the Accredited Social Health Activist (ASHA). First used by the Bill and Melinda Gates Foundation to foster collaboration between these key village-level functionaries, this idea was taken up enthusiastically by the Mission. These forums have now become a regular feature of the frontline workers' schedule and are yielding dividends for the community.

### Co-opting partners from private and non-profit sectors

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The Missions also have sought to expand their coverage and scope by co-opting partners from both the not-for-profit and for-profit sectors.

In Uttar Pradesh, international non-governmental organisations (NGOs), such as the Bill and Melinda Gates Foundation, Alive & Thrive and Micronutrient Initiative, not only provide technical assistance, they also provide funding for particular programmes of work approved by the government. The World Bank also is present in the state and supports nutritional outcomes through collaboration with the State Rural Livelihood Mission.

In Maharashtra, the Mission works closely with government officers, UNICEF consultants, and non-governmental organisations to carry out its activities. It partners with the Tata Trusts and UNICEF to pilot initiatives such as the community management of acute malnutrition (CMAM) pilot in Nandurbar. Supported by UNICEF,

the SNM leveraged the opportunity opened up by the enactment of the Companies Act 2014 to establish partnerships with industry leaders. The Bhavishya Alliance, a multi-sector, not-for-profit organisation set up in 2006, provided valuable support to the activities of the SNM until 2011. However, the Mission's ability to leverage such support reportedly dwindled in Phase 2.

### **Building human capital to support programme delivery**

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Critical to the success of the Mission is the army of frontline workers from ICDS and NHM who participate in the work of the SNM. Mindful of this, both SNMs have made the strategic decision to re-train frontline workers, local government functionaries and first-tier supervisors and officers. Both SNMs have undertaken large-scale training programmes, taking a "training of trainers" approach, and cascading outwards from there. They have mobilised resources from UNICEF in the states to accomplish this.

The SNMs have used the trainings or other competitions to motivate and stimulate workers. In Maharashtra, use of competitions such as the Star Competition stimulated improvements in service delivery. The use of such non-monetary incentives has been a central feature of the Mission. In Uttar Pradesh, frontline workers reported that the acknowledgement of their hard work and role in community development gave them an incentive to improve their performance.

### **Enabling evidence-based, data-driven decision-making**

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The Missions' leaders have recognised that data are needed to advocate for nutrition, to make decisions and to take action. Accordingly, data are an important input to the Mission's work. Both Missions have sought reliable and timely data from the field to better inform their own work and decision-making across government departments.

In Maharashtra, even before the SNM was implemented, a pivotal study by the Society for Education, Action and Research in Community Health (SEARCH, 2004-05) that was verified by the government showed that there was a huge gap in the data available through field monitoring systems and survey results. SNM officials performed regular fact-finding visits through Phase 1 of the Mission, helping to ensure that frontline workers were continually supervised. The SNM supported the Comprehensive Nutrition Survey in Maharashtra during Phase 2, illustrating its commitment towards data-driven decision-making and problem solving.

The SNM in Uttar Pradesh undertook an effort to build data with respect to undernutrition among children and women and established a website to capture data from each district of the state. The SNM proposed to use District Report Cards based on predefined parameters including timely submission of monthly reports, participation of the District Magistrate and/or Chief Development Officer at the review meeting and other indicators to supervise its activities. To ensure that data critical for decision-making and action were available, the Mission organised campaign-style data collection drives across the state in the form of the Wajan Divas and Matritva Saptah. Further, the state carried out third-party verification through UNICEF-appointed Social Mobilisation Network consultants and monitors.

## 5 Conclusions and Recommendations

The experiences of the Maharashtra and Uttar Pradesh State Nutrition Missions highlight important considerations in establishing multi-sectoral governing bodies for nutrition. While the SNMs in each state are in different phases and the nutrition context is different in the two, the findings presented here offer important lessons learned for policy-makers in other states interested in establishing a Nutrition Mission.

Based on the analysis in this policy brief, we have seven main recommendations for establishing a multi-sectoral governance body for nutrition and maximising its impact:

1. Prior to launch, ensure that critical enablers are in place to make the SNM a success, starting with high-level political support. At its heart, the SNM approach aims to provide leadership and coordination for a multi-sectoral approach to tackling undernutrition, but without having direct service delivery tools or decision-making power over the key implementing departments. As such, without political support from the highest levels, including support from the chief executives of the state and at least some level of buy-in from key departmental leaders, the SNM will be futile. If high-level political support is not readily available, proponents of an SNM must either wait for a more opportune political moment (such as an election in which undernutrition is a campaign issue) or seek to build this political support themselves, prior to any SNM launch.
2. Install programme leadership suitable for the unique challenges of the SNM at the outset and build leadership capacity in the organisation. Without strong, skilful and creative leadership, the SNM will not succeed in its goals. The leader of the SNM must be able to set a direction for the Mission and provide energy to pursue it, secure and sustain buy-in from the heads of government departments, build a broader coalition of actors from inside and outside the public sector and adapt creatively to the challenges that arise in pursuing a multi-sectoral response to undernutrition. A committed programme leader equipped with high-level political support may be able to overcome many other challenges, navigate a complex environment and generate the broader support needed to make the SNM a success. Without this leadership the SNM is unlikely to establish itself as an effective and respected actor and enthusiasm will wither. It is also important to build this leadership capacity into the organisation over time to ensure that the SNM can sustain momentum even when transitioning from one leader to the next.
3. Post-launch, work hard to generate and sustain support for the SNM from all quarters. The activities of the SNM must engage with potential supporters at all levels and in all sectors. Political attention, support and momentum across sectors are difficult to maintain on a continuous basis without population-based demand for improved access to and quality of services. Communities and civil society are integral players to keep the public sector accountable for these services. If support from these groups is not in place when the SNM launches, it must work hard to engage with these groups quickly. The SNM must also find ways both to engage and to support local government actors, so that it can be seen as a helpful partner in a shared effort to address undernutrition at the local level, rather than as an additional layer of bureaucracy demanding attention.
4. Serve as a driver of innovation and adaptation. With its multi-sectoral perspective and focus on nutrition, the SNM is uniquely placed to encourage innovative solutions that address the complex challenges of undernutrition and bottlenecks in service delivery, adapting to context and resources available as they change. The SNM can provide recommendations to specific departments for how they can use their existing programmes or infrastructure in new ways to improve nutrition outcomes; it can also envision new cross-departmental collaborations

to address nutrition issues. To do this, the SNM should be willing to try new promising approaches – with assistance as needed from development partners – and monitor progress carefully, continuing only those approaches that exhibit the greatest promise for undernutrition reductions and adapting these approaches when necessary.

5. Build interdepartmental coordination while emphasising the central responsibility of ICDS and NHM. The SNM should act as a convener between ICDS and NHM, helping to improve communication and assist in defining each sector's role in improving nutrition, thereby building accountability and ownership in the process. But while improving service delivery of direct, high impact nutrition-specific interventions through ICDS and NHM is important, the burden of undernutrition will not disappear unless the underlying determinants of undernutrition are also improved. Building political support for nutrition activities in nutrition-sensitive areas such as WASH (water, sanitation and hygiene), agriculture, education and social security requires committed attention, especially when these sectors or departments are not held accountable for nutrition outcomes.

The experience of SNMs in Maharashtra and Uttar Pradesh provides examples of successful collaborations between some of the broader nutrition-relevant departments, which could in turn build momentum for broader interdepartmental coordination in the future as part of a multi-sectoral nutrition plan. The Maharashtra Mission, with its greater experience, strong (and independent) departments and an impressive record of malnutrition reductions, could now go further and encourage the international state-of-the-art practice of multi-sectoral nutrition convergence in its most vulnerable blocks.

6. Build nutrition capacity among existing frontline workers. Frontline workers are the backbone of efficient and effective service delivery within ICDS and NHM. Both departments already invest in training and capacity building programmes for their frontline workers and by enhancing the nutrition components of this training the SNM can enlist this large workforce in the effort to combat undernutrition. Capacity building for frontline workers should take a two-pronged approach to 1) empower and motivate frontline workers to assume leadership roles in their community and build commitment to their work, and 2) equip them with necessary technical skills to deliver nutrition interventions, communicate behaviour change messages and collect reliable growth monitoring data.
7. Strengthen data collection and monitoring systems to enable better decision making. Data-driven planning and decision making is critical for ongoing improvements to programmes and services. The SNM should consider approaches to compile data collected by ICDS and NHM (i.e., across sectors), invest in timely and reliable data collection without overburdening frontline workers and, where possible, utilise entities external to the Missions, such as universities, to independently monitor progress towards nutrition goals. Better data and monitoring can enable decision-makers to improve service delivery and target resources appropriately – and can also be used to hold decision-makers accountable for addressing the difficult but critical challenge of undernutrition.

The experiences of the Maharashtra and UP SNMs have several important lessons for states with interest in making a commitment to work towards better nutrition outcomes for their populations, as listed above. The Maharashtra SNM has 10 years of experience under its belt. In Uttar Pradesh the SNM is still young, but it has made a strong start to achieving the goal of inter-sectoral cooperation to address the undernutrition that consigns many precious lives to ill-health and a premature end.

