A unique synchronized approach paves the way for effective THR implementation in Karnataka

By Veena Rao and summary of Global Alliance for Improved Nutrition’s reports and pilot. Reproduced with permission.

Providing good quality and tasteful Take-Home Ration (THR) to bridge the wide macro and micro nutrition deficit among poor families is the most direct nutrition intervention in the World Bank-funded Karnataka Multi-sectoral Nutrition Pilot Project piloted in two of the most backward blocks of Karnataka: Devadurga Block, Raichur District and Chincholi Block, Gulbarga District. The pilot project was implemented under the Karnataka Comprehensive Nutrition Mission (KCNM) with Karnataka Health Promotion Trust selected as the implementing partner.

The pilot project followed the KCNM inter-generational strategy of simultaneously targeting and addressing the nutritional needs of infants, children, adolescent girls and pregnant and lactating mothers (PLW). The interventions directly addressed the root causes of malnutrition, namely,

- bridging the information gap through a sustained, multi-layered, general public awareness campaign, most importantly through interpersonal communication,
- bridging the calorie-protein micronutrient deficit among the inter-generational target groups by providing appropriate nutritious and tasty THR produced by women Self-Help Groups (SHGs),
- creating demand, converging, and tightly monitoring the ongoing multi-sectoral programmes that have an impact on malnutrition, such as Immunization and Vitamin A Supplementation, Anaemia Control, Water and Sanitation, etc., and
- real time monitoring of the beneficiaries’ nutrition and behavioral indicators, particularly regarding underweight, stunting and wasting of children, body mass index of adolescent girls, pregnancy weight gain, and incidence of low birth weight babies.

The unique feature of the Pilot Project was that it was not a food programme alone. It was a comprehensive programme that first attempted to bring about behavioural change by bridging the information/awareness deficit regarding proper nutritional and health practices, and followed it up by addressing the macro and micro nutrition deficit.

Global Alliance for Improved Nutrition (GAIN) supported the pilot project for setting up two decentralized production units for THR called Shakti Vita. Each unit has a capacity of 2 MT per day (Figure 1). Standard Operating Procedures were followed while setting up the plant and during its operations. Raw material for the fortified blends was procured locally, using stringent World Bank criteria for sourcing. Twenty-five SHG women have been trained and employed in running these enterprises that supplied THR to 35,000 beneficiaries, including children 6 months to 3 years, adolescent girls from 11-18 years, and PLW.

Village Nutrition Volunteers (VNV) were appointed in every village and trained for inter-personal nutrition counselling, particularly infant, child and pregnancy care, care of the adolescent girl, and the importance of safe drinking water, sanitation and hand washing. VNVs also guided families regarding hygienic preparation of Shakti Vita and informed them of its benefits for the proper growth and health of children, adolescents
and for a healthier pregnancy. For this, a multi-level communication strategy was prepared and rolled out in a phased manner by KCNM, to bring about behaviour change. These intensive behaviour change efforts through multiple channels were the key factors responsible for the success of the pilot project, both in reduction of malnutrition among the beneficiaries through THR supplementation, and in bringing about behaviour change.

Additionally, decentralized production units were also an investment in building community livelihoods for rural women. Presently, the government, in partnership with Tata Trusts, is in the process of converting the grant-based production units into commercially sustainable units to introduce Shakti Vita into the market, where presently there is a complete vacuum for low-cost THR.

Introducing low cost, nutritious THR made from locally available agriculture produce into the market is imperative during the COVID 19 pandemic, when daily diets of the poor are diminishing, and there is an urgent need to prevent and address the expected surge of undernutrition and anemia which will follow.

The pilot project also created a cadre of trained village nutrition volunteers and empowered women from the SHGs with additional knowledge on child and maternal care as well as balanced diets within their budgets. A monthly monitoring database was developed by KCNM with both anthropometric and behavioral indicators, specific to the target groups. Both internal monitoring data as well as the Impact Assessment done by NIN, Hyderabad, confirmed a remarkable reduction of undernutrition and anemia among all target groups, and also positive behavioral change. The World Bank has declared the pilot project as successful.

Given the success of the project, Government of Karnataka is in the process of replicating this model in other most backward blocks in the state.