

to reword

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Malnutrition in India - Looking Beyond Just Filling Bellies

Nutrition is fundamental to human health and development. Addressing malnutrition saves lives, reduces inequalities, and builds strong and resilient individuals, families, communities and, eventually, countries. During the last two decades, India has improved nutrition outcomes – between 2005 and 2019, prevalence of stunting among children who are under five years old fell from 48 percent to 34.7 percent and that of underweight fell from 43 to 33.4 percent^{1,2}. However, much more needs to be done. About 40.6 million children remain stunted— one-third of the global stunting burden. Achieving the country’s National Nutrition Mission’s (NNM) Vision 2022 targets, which aim to decrease undernutrition by 3 percent each year and cut anemia among children and women by a third over the next two years, will require a lot of work.²

One key set of actions at the heart of the NNM is to reform the nationwide Integrated Child Development Services’s (ICDS) Supplementary Nutrition Program (SNP), especially its Take-Home Rations (THR) scheme. The THR program aims to provide children from 6 to 36 months old, as well as pregnant and lactating women, with a fortified supplementary food product for home use. THR takes up a big share of the ICDS budget: State and central governments spend more than Rs 13,500 crore (about \$2 billion) annually on the program.²

THR is more crucial now than ever before – the COVID-19 pandemic has disrupted food systems all across India, reducing the general availability of nutritious, micronutrient-rich foods. With millions losing access to locally-produced fresh meals, THR represents an opportunity to deliver fortified, nutritious, non-perishable food that goes beyond simply filling bellies. By strengthening THR programming, we can support the growth and development of children and pregnant and lactating women, and ensure that we don’t lose the gains made over the last two decades.

Advancing the Goal

To elevate and maintain the health of women and give more children a healthy start to life, we must ensure that they have access to the nutrients they need, at all stages of life. Now is the time to examine the THR program critically and inform the efforts to improve it – and to this end, we invited all organizations active in THR programs to share their knowledge. Their efforts include pilot studies and documenting various THR models in seven states: Bihar, Gujarat, Kerala, Madhya Pradesh, Odisha, Rajasthan and Telangana. This Compendium was compiled by our partners, *Sight and Life* Foundation and Nutrition for Development Foundation (N4D), to synthesize these contributions and describe the evidence, experience, and learnings of THR in simple terms.

- *THR has the potential to fill the critical nutrient gaps in ICDS*
- *THR can be produced locally through centralized and decentralized models*

This Compendium is addressed to those policy makers, organizations and individuals most concerned with making a real and enduring improvement in addressing nutrient deficit of ICDS beneficiaries. The report includes:

1. An overview of what has been accomplished to date in different settings (centralized models, decentralized models)
2. Practical guidance to support policymakers and implementers as they consider the deployment of THR in their respective states

To assist state governments ascertain the best course of action, this Compendium identifies and lays out feasible fixes that they can adopt. We begin with an overview of the THR program, its formulation and composition, governance and management, and production models. These are summaries of policy briefs developed by Tata Trusts - The India Nutrition Initiative and Pharos

Global Advisors. We end with an Afterword, co-authored by myself and Kalpana Beesabathuni of *Sight and Life*, which urges states to “RISE” –

Refine THR composition and formulation,
Improve THR production and distribution,
Strengthen THR monitoring and accountability, and
Enhance the THR policy environment.

This will help policymakers to elucidate the opportunities and ensure consistency of program goals and efficacy in execution.

In between, we have documented a rich set of emerging good practices and lessons learned in the Experience section of this Compendium. In the article “Governance and Accountability: Experience of Odisha” on page 68, Niti Aayog explores how the state has developed guidelines that improve contracting, quality management, and monitoring of THR access for beneficiaries. Meanwhile, the Clinton Health Access Initiative (CHAI) write about how Madhya Pradesh has worked with the National Institute of Nutrition to revise and update their THR recipe, improving formulation and composition² in their article “Nutrition Matters: Reformulation in Madhya Pradesh” on page 53. CHAI has also developed, for the first time, an investment case, on page 57, for the decentralized model in Madhya Pradesh, which gives us a good understanding of the cost drivers and revenue needed to make the model sustainable.

We also have valuable learnings from two starkly different models in Telangana and Kerala, which have been equally successful in delivering good nutrition to their beneficiaries. The centralized production in Telangana has successfully utilized micronutrient fortification, as described by Global Alliance for Improved Nutrition (GAIN) in their article “Telangana Foods: A State Enterprise Model” on page 41, while Kerala’s Kudumbashree system has implemented quality testing for THR even within a decentralized model, as documented by WFP in “A Cluster Model in Kerala: Experience of Kudumbashree” on page 63. During my time at GAIN, we ideated, tested, piloted diverse models from Telangana Foods to “The Banswara Model: An Experience from Rajasthan” and “Operational Guidelines: A Case Study from Bihar”, insights of which are described from page 78 and page 83. Finally, the Amul-THR model has been documented by *Sight and Life*, in partnership with a research team from Johns Hopkins University on page 46. In the piece “A Public-Private Partnership in Gujarat: The Amul Case Study” they write about how,

despite some challenges, the Amul model has been successful in catering to nearly 42 million beneficiaries with high-quality fortified THR in customized packaging, within a year of being operational. JVS Foods and *Sight and Life*’s field study in Rajasthan offer practical guidance on addressing challenges in decentralized models on page 73. Most importantly, we salute the frontline heroes, anganwadi staff, who persevere to ensure THR reaches the beneficiaries during the lockdown – see an inspiring story from Telangana on page 45.

Harnessing Partnerships for THR Strengthening in India

This Compendium on THR compiles and curates the latest evidence based experience from the states, and key insights and roadmap. It aims to serve as an important resource for decision-makers and implementers, thereby driving the reform and strengthening of THR. We are deeply grateful to all the organizations who have contributed to this Compendium. A particular “thank you” goes to *Sight and Life* and N4D for making this publication possible. It is my hope that this Compendium is a first step for all the partner organizations in joining forces to support THR strengthening efforts in our country.

Take-Home Message

There is no turning back. For the first time in decades, there is a renewed focus on the THR program as one of the centerpieces of the government’s ambitious NNM commitments and targets, making this an opportune moment for states to strengthen and re-imagine supplementary nutrition. Given the program’s broad reach and established presence in communities across the country, policymakers should take advantage of this opportunity to improve nutrition for the millions of beneficiaries who consume THR.

It’s time to RISE and shine.

Reference

1. Ministry of Health and Family Welfare (MoHFW), Government of India, UNICEF and Population Council. 2019. Comprehensive National Nutrition Survey (CNNS) National Report. New Delhi.
2. Ryan Schwarz, Robert Hecht, Kelly Flanagan, and Rajan Sankar. How India can improve its Take-Home Rations program to boost child and maternal nutrition. 1 October 2018. Internet: <https://www.brookings.edu/blog/future-development/2018/10/01/how-india-can-improve-its-take-home-rations-program-to-boost-child-and-maternal-nutrition/> (accessed 8 April 2020)